Volume Three/Number Five/May 1961

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Journal of the American Speech and Hearing Association

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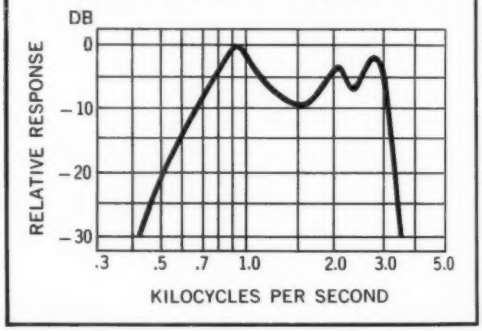

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ORGANIZING A HOSPITAL PROGRAM FOR COMMUNICATIVE DISORDERS

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University of Oregon

AN INDIVIDUAL cannot work long with any aspect of rehabilitation without becoming increasingly aware of the complex interrelationships of all of the physical and mental functions of a patient, including the particular function that is disordered. The concept of treatment of the whole individual is well recognized in medicine.

Within recent years, this concept has been translated into action by diagnosis and treatment of the entire patient, rather than confining attention to the particular ailment that bothers him at the time. It is natural, then, that hospitals of all types have begun to provide facilities, personnel, and programs for diagnosis and treatment of the many related problems of patients in order to treat the specific problems more quickly and satisfactorily.

In keeping with this trend, some hospitals have set up programs for the diagnosis and treatment of hearing, speech, and language problems of patients who may or may not have been hospitalized for one or more of these disorders. There are several factors influencing hospitals to move in this direction. A primary reason for considering an individual's communicative disorder as part of his health problem is that his ability to relate to his environment, and to people directly around him, depends almost entirely on his ability to communicate verbally. It is of critical importance that the patient in a hospital, suffering from any kind of health problem, be able to relate in a satisfactory manner both while he is in the hospital and afterward.

Often the ailment for which the individual has been hospitalized is directly or indirectly related to his inability to communicate. The child with a cleft palate, for example, has a communication problem because of his cleft palate. The adult recovering from a cerebral vascular accident may also be unable to communicate for the same reason. However, the child with a congenital heart condition requiring a long period of hospitalization may also suffer from a speech disorder severe enough to seriously interfere with his ability to make his needs known. These two problems may not seem to relate to each other, but from the standpoint of the patient's well-being, they are very closely related; and it may be that attention to the speech problem is as important—although not as immediately critical—as attention to the heart problem.

A second reason for hospitals attending to the communication needs of their patients is related to the concept that speech, language, and hearing disorders should more properly be considered as health problems (in a broad sense), than we have generally assumed. Because therapy for communicative disorders has taken place largely in public schools, colleges and universities, the feeling is that these are primarily educational problems. This is only partly true. Such a large number of communicative problems are due to organic impairment of some kind that they relate directly to the fields of health and medicine. Even when there appears not to be an organic cause for the disorder, the effect on the individual of the inability to communicate may well constitute a health problem. Viewed in this way, the speech, hearing or language problem of any patient is of primary concern to the physician, the nurse, the hospital administrator and others associated with him.

TEAM OF SPECIALISTS

A third reason for attention to communicative disorders in hospitals would be that the hospital is an ideal place to foster and further the concept of team rehabilitation of patients. If it is true that communicative ability is a significant part of a patient's total health problem, then the specialist who can diagnose and treat communicative disorders should be an essential and equally recognized part of the rehabilitation team. The day is past when the attending physician can diagnose and prescribe for all of the various kinds of patient ailments. Other specialists can contribute immeasurably to better care, and many in the medical profession have recognized the importance of having a speech pathologist and audiologist as members of their diagnostic and treatment teams. The hospital staff would seem to be incomplete without these specialists.

The hospital offers a good opportunity for further education of its physicians, staff trainees and patients, about the existence, functions, capabilities, and need for various kinds of nonmedical specialists who can assist in the recovery of medically disabled persons. The speech pathologist and audiologist, functioning as they should in a hospital, will do a great deal to educate and train for the recognition, prevention, evaluation, and treatment of persons with communicative disorders.

A final reason for therapy of communicative disorders in hospitals is the responsibility of hospitals to the community to provide the best possible service to a patient. The specialist in communicative disorders in the hospital will be most closely connected with agencies that can continue treatment necessary after the patient leaves the hospital. He also will know

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the patient's school situation, and will be able to work more directly with the school in continuing the rehabilitation there. This means not only better patient care, but better public relations for the hospital.

DISORDERS FROM DISEASE

In addition to the several general reasons outlined above for hospitals considering programs of speech, language, and hearing rehabilitation, there is a more specific and far more impelling reason for such programs: the patients. The type of patient that would profit from attention to communicative disorders varies with the nature of the hospital. However, very few hospitals deal exclusively with patients who are not likely to be subject to communicative disorders. It is possible to list many child and adult diseases which contribute directly to communicative disorders; in addition, the indirect effect of already existing speech, hearing or language deficiencies may contribute to the specific disorder for which a patient is hospitalized. Some of those diseases having a more direct effect in contributing to the disorder are as follows:

Cleft Lip and Palate. The effect of cleft lip and palate on a child's ability to communicate is so well recognized that it need not be repeated here. However, rehabilitation of the child with cleft lip and palate frequently has omitted early attention to the one major problem which will most seriously mark the child through the rest of his life. This is the problem of his inability to communicate. Recent experience with adequately staffed and coordinated cleft palate "teams" has lead to the indisputable recognition of the need for counsel guidance and training in speech development for the parents of the cleft palate child, and later the patient. This should begin as soon after the child's birth as a speech specialist can be put in contact with the child's parents.

The speech pathologist can contribute a great deal when he functions as a diagnostician with the rest of the specialists in recommending the time of palate closure, orthodontia, and prosthedontia.

With these possibilities, it is obvious that there is no better time for this particular specialist to come in contact with the patient and his parents than during the early hospitalization: soon after the cleft palate child's birth, during the time the child is hospitalized for lip surgery, or some time within the first six months when the child is likely to be in the hospital. This provides an opportunity to follow through with the communicative processes in the future.

Cerebral Palsy. Within the general category of cerebral palsy there is an incidence of from 60 to 70 per cent of speech defects, many of which also include extensive language problems of dysphasic and delayed nature. Another 20 to 30 per cent of these cases involve hearing deficiencies. It is of utmost importance that the specialist in communicative disorders have early and frequent contact with the child and parents of a cerebral palsy case.

Some hospitals provide a virtually permanent residential situation for this patient. It is obvious that this is an ideal place for diagnosis and therapy by specialists. But even in those hospitals that do not provide residential care for the cerebral palsied patient, this patient will be seen frequently for a more or less extended hospitalization. The specialist in communicative disorders can offer diagnostic help, function with the rehabilitation team, and provide one of the links between the hospital, the community, the school and the family for this kind of patient.

Poliomyelitis. Although this problem occurs less frequently today, it is still true that many people are suffering from the effects of polio, and for many years, during the post-polio stage, they will need attention to communicative deficiencies. This treatment can be given either in a residential situation or a more temporary hospitalization. The most important requirement is that a specialist who can deal with this problem be present in the hospital to provide the necessary diagnostic, counseling or therapy service.

"Brain Damage." While this term can include many neurological injuries, it is generally recognized as descriptive of a particular set of characteristics differing from any of the more commonly recognized crippling neurological disorders. The term "brain damage syndrome" has come into general use in many places. Regardless of this, patients of all ages are admitted to hospitals because of specific kinds of damage to the brain—many of which have resulted, or will result, in communicative disorders of a very severe nature.

It is certain that many prenatal or birth injuries result in a condition often called "congenital aphasia," which is quite different, but in many respects similar to aphasia in an adult resulting from brain injury. Stemming from this general condition are all of the possible communicative disorders that are frequently seen in the "brain-damaged" individual. These may be any of the dysphasic conditions affecting verbal reception or verbal output, or later, when the child enters school, affecting reading, writing, and numbers.

IMPORTANCE OF DIAGNOSIS

It should be suggested here that, although treatment is tremendously important, the diagnostic problem is a major concern in this situation. Without the trained specialist who deals constantly with communicative disorders of this nature, the rest of the diagnostic team often is unable to determine the specific nature of the communicative disorder. It is possible to detect, rather definitely, evidence of brain damage in the language or prelanguage activity, or lack of it, in children at any age from 18 months. With this problem, it is important that both the speech pathologist and a well trained audiologist be available for diagnosis as well as treatment. The brain-damaged patient often has been called deaf when his peripheral hearing mechanism was entirely intact. Only a well-trained audiologist, working in conjunction with the speech pathologist, can discern the difference.

Of tremendous importance, too, is the possibility of predicting from a child's preschool language activity many of the language problems he will encounter in school. This provides an opportunity to prepare the school, the parents and the child for reading, writing, and numbers difficulties. This cannot be done by the medical or psychological specialists alone. The language functions need the careful attention of the trained language specialist.

Particular attention also should be given to the patient who has suffered a cerebral vascular accident of some sort and is hospitalized for this reason. One of the most common results of cerebral vascular accident is damage to the speech and language functions. The individual frequently suffers from motor disability that interferes with his ability to articulate; in addition, the symbolic function often is disturbed, impairing the individual's ability to receive and interpret symbols or to organize symbols to express his thoughts. The patient may suffer from one or both of these types of problems.

A frequent result of the cerebral vascular accident is an expressive aphasia. A patient with this condition retains the capacity to understand what he hears, and yet cannot communicate verbally. This gives the impression that he is mentally incapable of understanding. In the past, there has been tremendous damage done by hospital personnel, by attending physicians, and by families treating the patient as if he could not hear or could not understand. Recovered aphasics have described the tremendous psychological damage that was done to them in the hospital during the recovery period. This damage was done because a specialist was not available with an understanding of this problem who could explain to the people around the patient—especially his family—what had happened, the nature of the communicative disorder, and treatment required. Probably no other kind of patient has suffered so severely from a speech pathologist's absence immediately after hospitalization than the victim of the cerebral vascular accident. No other problem has suffered as much from lack of adequate diagnosis of the speech and language disorder and the proper kind of therapy. The need for immediate attention by the communication specialist, and for immediate therapy, is extremely important. This early treatment can be provided only while the patient is in the hospital.

Hearing. Most closely allied with the above are the organically caused hearing deficits resulting in deafness or hearing loss. Great damage is done to patients in hospital situations by incorrect evaluation of hearing. Techniques generally employed by the busy physician or by hospital personnel are completely inadequate and often lead to incorrect conclusions. Patients are mislabeled, either called deaf when there is no hearing loss or treated for some other problem when there is a hearing loss or deafness. It would appear that a well trained audiologist would be essential in the hospital serving this kind of patient.

Mental Retardation. Retarded mental development of all types is seen in patients in many kinds of hospitals. Several of the conditions listed above result in delayed mental function. Many other children, because of a diffuse, generalized cortical damage, show generalized mental retardation and the resultant problems in language and speech development. It is extremely important that careful diagnosis be made of the nature of the retardation and the resultant communicative disorder. A great many dysphasic patients have been called mentally deficient and relegated to mental institutions when there was basic adequate intelligence. In these cases, proper rehabilitative procedures would have saved the individual. This is also the case with many deaf and hard-of-hearing persons. Diagnostic facilities in a hospital often are inadequate for this kind of problem without the services of the trained speech pathologist and audiologist. Although hospitals often use the services of psychologists, many err in believing that a psychological examination alone is sufficient to determine the type and degree of mental retardation. A complete speech, language and hearing evaluation is of critical importance, along with the medical and psychological evaluations, if the problem of mental retardation is to be understood.

Retarded Physical Development. A number of children seen in hospitals show a more or less general retardation in physical and motor development. This is sometimes accompanied by mental retardation, but just as often, it is not. There are many possible causes for such delayed development; the specific reason for the hospitalization may or may not be related to one or more of these causes. However, children who are noticeably retarded in general development, especially in motor activities, often show deficiencies in speech and language development. These speech and language problems are difficult to diagnose, and are often incorrectly diagnosed by an unqualified person.

HOSPITAL A NATURAL SETTING

Other reasons for hospitalization of an individual may also result in hearing, speech or language disorders but the principal ones are listed above. It is obvious, considering these many other disorders, that the hospital is the most appropriate natural setting for the functions of the specialist in speech and hearing.

In determining whether or not a program for the rehabilitation of communicative disorders should be established in the hospital, it is necessary to consider these services in relation to the specific services already offered by the hospital. Because hospitals vary a great deal in the kinds of patients they serve, some are more directly concerned with offering services in speech and hearing than others. A program would have to be carefully adapted to fit the specific hospital.

Teaching hospitals in medical schools probably have been most active in establishing programs for diagnosis and treatment of communicative disorders.

In such situations, education rather than treatment is the primary aim of the program. In this situation, qualifications of the individuals involved probably would be different from those in a convalescent hospital, for example, in which diagnosis and treatment would be the primary functions of the specialists. The Veterans Administration hospitals are outstanding examples of the latter kind of institution. These hospitals have made wide use of speech pathologists and audiologists in the rehabilitation of servicemen with communicative disorders. In both this situation and the medical school teaching hospital, research also has been a major function.

Another kind of situation is the hospital primarily concerned with patients with ear, nose and throat problems. These patients usually have a very high incidence of speech and hearing problems, and, the need for a specialist is obvious. This hospital, would also have to tailor its program to fit its particular service.

CHILDREN'S HOSPITALS

In contrast with the other situations would be the hospital serving children primarily. There would be a wide variety of problems here, perhaps more numerous than in adult hospitals. In children's hospitals, individuals dealing with the communicative disorders need special qualifications and aptitudes, just as the pediatrician differs in interests and function from other medical specialists.

There has been great demand for the services of the specialist in communicative disorders in those hospitals dealing with patients afflicted with cerebral palsy, polio, and a wide range of congenital malformations such as cleft palate and related anomalies. Some of these are residential situations, others are largely transient. These, again, would demand different kinds of programs.

Hospitals dealing with the mentally retarded, the emotionally disturbed and with other kinds of psychological problems only recently have begun to realize the tremendous importance of treating the patient's specific communicative disorder. In institutions where a speech pathologist works with the psychologist, the psychiatrist and others who may be involved, results have clearly justified the presence of the specialist in communicative disorders.

INDIVIDUALIZED PROGRAM

It should be stressed that it is not possible to present specifications for programs to fit every institution. The program must be individualized and planned specifically to meet the particular situation. In the past many difficulties have resulted from lack of planning. Too often, hospitals that have decided to do something to serve the communicative needs of their patients have hired a "speech clinician" who works more or less in isolation from the rest of the hospital. The clinician is assigned those patients who happen to show a communicative disorder so severe that the attending physician believes that "speech therapy" is needed. Frequently the clinician lacks training to work in this kind of situation. In most instances, he or she has not been given the opportunity to function as a member of the diagnostic and treatment team and to integrate therapy with other aspects of treatment. Frequently, out of lack of understanding of the needs and functions of the clinicians, only the poorest physical facilities have been provided. This situation arises largely from the false notion that the specialist in communicative disorders is only concerned with manipulation of a few speech organs. This concept, in turn, is based on the false understanding of the inclusive nature of a disorder in communication.

Elaborate facilities are not necessary if properly trained individuals are hired, and if the program is conceived to be an integral part of the patient's rehabilitation. Minimum space would include an office and at least one relatively quiet room, which could be adapted to testing and therapy needs. If already there is a sound-treated audiometric testing room in the hospital, separate from the speech and hearing facility, this room could be used for audiometric testing. If not, it would be necessary to provide a sound-treated hearing testing room which could double as a therapy room. One-way observation mirrors—with a view from the therapy room—should also be provided.

With this basis, additional facilities can be added depending upon the particular situation. These might include at least two offices, one for the speech pathologist and one for the audiologist; the sound-treated testing room; and a diagnosis and therapy room with a separate observation room. The observation room can be small unless it is to be used for groups of medical students and others as part of their training program.

Minimum equipment would be needed at first. Diagnosis and therapy equipment for speech and language disorders is not expensive. Good quality audiometric testing equipment, a tape recorder, and some kind of amplifying device to be used with the hard-of-hearing would be required. Besides this equipment, only a sizeable sampling of testing and therapy materials and small items would have to be provided.

This facility should be reasonably accessible to the patients being served, and should be initially designed so that diagnosis and therapy can be provided in separate therapy rooms rather than in wards and hospital rooms—as is often the case. These wards and rooms are too distracting and distressing to be useful. Provision would have to be made to transport convalescent, orthopedic and other nonambulatory patients to the therapy rooms.

In this situation, it would be imperative that the speech and hearing specialist have relatively free access to the wards of his patients at times other than the scheduled therapy periods. There should also be

provisions for group therapy when indicated. This has proved to be an extremely effective method of dealing with certain problems such as adult aphasics and adult stutterers. The specialist also should have free access to medical charts and other necessary information concerning his patients.

PERSONNEL REQUIREMENTS

The personnel requirements for an adequate program in speech, language and hearing rehabilitation for the hospital would depend largely upon the type of patient being served, the physical facilities available, and the inclusiveness of program concept. The success of the program is likely to depend more upon the qualifications and capabilities of the personnel than upon their number. The minimum desirable would be two specialists in communicative disorder: a speech pathologist and an audiologist. In some cases, adequate training in both areas can be found in the same person; the hospital beginning its program with one person would look for the individual with training and experience in both fields. However, problems in the area of communicative disorders often are so complicated and so profound that much more satisfactory service will be given if an audiologist and a speech pathologist work together in a diagnostic and rehabilitation program.

With this basis, the program can be expanded freely, or it might start out with a larger staff. An excellent staff for a sizable hospital would include a speech pathologist, an audiologist, and one or more speech and hearing clinicians. Two clinicians would be desirable: one specializing in speech, and the second in the hearing aspects, although many have adequate training in both areas.

CERTIFICATION NECESSARY

At this point it is necessary to suggest that a program in the rehabilitation of patients with communicative disorders in any hospital should be undertaken only by an individual with advanced certification in speech. If he is the only person in the program, he should also have at least basic certification in hearing, or as an alternative, advanced certification in hearing and basic certification in speech. Ideally there would be two persons, each with advanced certification in speech and hearing. The important point, however, is that the program should be established and directed by an individual with advanced certification in one or the other of the areas. Clinicians should work only under supervision of a person holding advanced certification, and the clinicians should hold basic certification in the field in which they are operating. There are today approximately 2000 certified speech pathologists and audiologists in this country, and only a few hundred of them hold advanced certification. In addition, there are some 5600 noncertified specialists in the field, mainly in the public schools. Some are capable of being certified, but have not done so.

Although it is evident that the hospital may have difficulty hiring properly qualified staff members, the program may be doomed to failure without them. Many hospitals have assumed that a relatively untrained clinician can be hired, and that his work can be supervised by medical personnel within the hospital. This arrangement could cause as many problems as would be experienced if the supervision of an intern or a resident were turned over to a speech or hearing specialist.

In the recruitment of personnel and in the organization of a program for communicative disorders, careful attention should be given to the nature of the training of the speech pathologist and audiologist and the manner in which he functions professionally. Speech and hearing is an independent, self-regulating profession. Its members work in close relationship with many other professional people, but the adequately qualified speech pathologist and audiologist will not function as an ancillary or subspecialist. Training for the Doctorate in speech pathology or audiology today is roughly equivalent, in time, to that required for the Doctor of Medicine degree; that is, an individual will have completed four years of college work with a Bachelor's degree, and from four to five years of concentrated course work in anatomy, physiology, physics, and psychology and other areas. The Master's degree in speech pathology or audiology can today be acquired usually with a minimum of two years beyond the Bachelor's degree. This degree generally is equivalent to basic certification. To earn advanced certification, the individual needs a minimum of four years of successful full-time experience, and he must be sponsored by another person with advanced certification.

The specialist in communicative disorders is also a specialist in communication and human relations. This individual knows the value and the necessity of depending upon other professional people for the success of his own diagnostic and treatment procedures. He is trained to leave to the physician those problems which are medical, to the psychologist those problems which are in the field of psychology, and so on. Generally he is an excellent team member because of his training. If the specialist's qualifications are to be used to full advantage he should be a part of the diagnostic group, and should participate in the rehabilitation planning and therapy. Only on the basis of a team concept should such a program be initiated.

Special Reports

STATE APPROVAL AND ACCREDITATION OF PUBLIC SCHOOLS

HUGO H. GREGORY*
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In 1960 the Office of Education of the Department of Health, Education, and Welfare published a Bulletin, "Approval and Accreditation of Public Schools; Responsibilities and Services of State Departments of Education." This was another in a series of status studies done in cooperation with the Study Commission of the Council of Chief State School Officers. The bulletin was prepared by William B. Rich, Specialist for State Educational Programs in the Office of Education. The following summary gives particular attention to items of special interest to ASHA members relative to the establishing of standards and the granting of certification to educational programs.

INTRODUCTION

The approval and accreditation of public schools by state departments of education and state universities began during the last thirty years of the 19th century. Increasingly, there has been a greater recognition of the usefulness of these programs in stimulating and assisting local schools in the improvement of their educational systems including facilities, curriculum, and faculties. In addition, state programs of standards attest to the public that the local school has the administration, program, and facilities which should provide at least an adequate, if not an excellent, educational situation for the children in attendance.

The purpose of the study summarized in this report was to explore the general philosophy of approval and accreditation and present data regarding the varied procedures utilized in approving and accrediting public schools from nursery through junior college in the United States. More specifically, the study analyzes information submitted on inquiry forms and reviews publications received from state departments of education pertaining to: (1) the development of programs of approval or accreditation of public schools and the definition of terminology, (2) the legal basis, underlying purposes, and responsibilities of these programs, (3) the methods and procedures utilized by the state educational agencies in implementing approval or accreditation, and (4) procedures used in states where revisions have occurred during recent years directed toward the improvement of approval or accreditation programs.

DEVELOPMENT OF PROGRAMS AND DEFINITION OF TERMINOLOGY

In 1873, the Indiana State Board of Education assumed the responsibility for designating those high schools whose graduates would be accepted at the state university without examinations. During the latter part of the 19th century and early in the 20th century there was an acceleration of this process of standardizing high school programs, primarily for the purpose of insuring proper preparation for college. Growing out of this procedure and the beginning of state financial assistance to help local schools provide better opportunities for college preparation, all but two states have initiated approval and accreditation activities aimed toward safeguarding expenditures of funds, encouraging efficiency in the administration of local schools, establishing minimal academic programs and sometimes rating the local schools, improving physical facilities, and raising the standards of teacher training. Since regulatory responsibilities are delegated to state departments of education differently from state to state, there is considerable variation in the standards involved and the administration of these regulatory procedures.

This study reveals several important historical trends in the development of programs of public school approval and accreditation:

1. Local school authorities have been encouraged to work more closely with state officials in the development of standards. Thus, the philosophy of partnership in the improvement of educational programs has been fostered.

2. It has been realized that one level of the school, i.e. high school, was being emphasized at the expense of the elementary level; therefore, there has been a greater tendency to establish accreditation programs which include both elementary and secondary schools.

3. Accreditation processes have tended to include provisions for more subjective judgements "emphasizing the quality of the school, its administration, program, and facilities." (P. 2) Earlier, more stress was placed on physical facilities and facets which could be objectively counted, e.g., number of pupils per teacher.

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States have shown variation in the names they give to their programs, but many use the terms "approved" and "accredited." There is, however, no general agreement on the definition of these terms, and what one state calls "approved" another may refer to as "accredited." Generally, "approval" may, or may not, require an exercise of judgement of the quality of the school, while, almost invariably, "accreditation" does indicate such a judgement. Hereafter, in this report the terms "approval" and "accreditation" will be used synonymously and will refer to the manner by which state agencies determine whether schools have acceptable programs and adequate facilities according to state standards.

AUTHORITY, PURPOSES, AND RESPONSIBILITIES

In twenty-six states the legal authority to accredit public schools is delegated by state legislatures to the boards of education. Seven states give the authority to the state school officers, three state departments of education exercise this authority, and in the remaining fourteen states the legal authority is shared by the above mentioned officers or agencies.

In addition to statements referring to accreditation, many states in their laws direct the classification of schools. The terms "classify" and "classification" are used generally in two ways. In the first manner, schools may be classified according to grades and classes, known as one, two, three, and four year high schools. On the other hand, "classify" or "classification" is also used to give a particular designation to an accredited school. For example, in the high school accreditation system in Idaho, schools are classified as: "accredited," "accredited with advice," "accredited with warning," and "not accredited." Several states used a "Class A," "Class B," "Class C," or similar approach and schools may be advised, warned, demoted, or dropped from the approved classification. In some cases provisions are made to recognize superior standards of excellence and in some instances schools not meeting minimum standards are listed as "on probation."

The author of this study states the judgement that "most state manuals and handbooks are written in a style which is designed to be helpful, stimulating, and encouraging to schools seeking approval or accreditation, rather than setting up rigid standards, in inflexible terms, which must be met to the final detail" (P. 6). The philosophy of purpose being engendered is one of assistance to each other and cooperation between the local schools and the state departments responsible for accreditation. As set forth in the state manual of Florida:

> The major purpose of accreditation is the improvement of schools through holding up of a body of minimum standards, or good practices, as a basis for building better programs at local and county levels. Accreditation also serves as an information gathering medium. . . . This information is invaluable in projecting the needs of the schools in the fields of public relations and legislation." (P. 6)

Closely related to the purposes of the states in the field of accreditation are the responsibilities that state educational agencies fulfill through such programs. In this survey, only thirteen states replied that their regulatory programs fulfilled a responsibility to grade or rank schools in terms of quality. However, five additional states appeared to have a means of making a qualitative distinction between schools, although they did not give an affirmative answer to the question on rating. Twenty-four states indicated that the approval process fulfilled the state's responsibility to authorize a school to collect tuition from another district in cases where a district does not provide an educational program which meets all of the needs of its students. Interestingly, only thirty-three states considered accreditation as fulfilling the responsibility to establish the eligibility of high school graduates for entrance into their state universities **without** examinations. As stated earlier, historically this function has been a primary reason for the establishment of standards.

Responses from forty eight states indicated that programs of approval fulfilled, at least in part, the responsibility of state educational officials to stimulate the growth and improvement of the quality of local schools. Officials in forty-seven states referred to the responsibility for the general guidance and direction of the schools, and forty-six states indicated assuming responsibility for a minimum level of education was a major contribution of these programs. Uniformity of instructional programs throughout the state was specified as a responsibility fulfilled by accreditation programs by forty-one states, and only thirty-three states stated that the accreditation program was directly related to state financial aid.

ADMINISTRATION

Pertinent information pertaining to the administration of public school accreditation programs was obtained from the responses to the questionnaire and through the review of the most current publications obtained from the responsible state departments. Forty-four states submitted materials, thirty-five of which simply stated and explained the standards, whereas nine states provided relatively extensive administrative handbooks containing comprehensive recommendations and suggestions for the efficient operation of the local school program as well as a statement of the criteria for accreditation.

Analysis of the replies to the questionnaire showed that in forty-six states, consultations with local school administrators are initiated to aid in the prevention or correction of violations of standards. Furthermore, forty states sponsor periodic workshops or conferences to foster the understanding, compliance with, and approval of accreditation standards. Local school administrators are encouraged to seek consultation

with state supervisory personnel whenever problems arise relative to state standards.

With reference to forms and reports, this study reveals that forty-five states make use of regularly received annual report forms such as "The Annual High School Report," and the remaining five states require a narrative type report prepared by an evaluation team. In approximately forty per cent of the states, accreditation applications originate with the local principal or superintendent. In about forty per cent of the states, the application is initiated by the district school administrator, and in the remaining twenty per cent, it is a joint responsibility of the district and local school officials. Thirty-nine states indicated that they require an inspection or visitation of local schools as a part of their approval procedure. Accredited status is granted in twenty-eight states by the state board of education, in fourteen states by the chief state school officer, and in two others jointly by the above mentioned agency and official. In two states, accreditation is granted by an independent commission and finally, in two others, by state established accrediting services within state departments of education.

One other analysis of the questionnaires pertaining to administration showed that thirty-seven states have established procedures for the continuous review or revision of their criteria for accreditation. Five states appear to provide for revision annually, and in two states, Florida and Wyoming, it is the policy to allow revisions every three years and five years respectively. Again, cooperation between local school personnel and state agencies appears as a common emphasis in all state revision programs.

PROCEDURES EMPLOYED IN THE REVISING OF PROGRAMS

In the last section of this study, a review of five state programs, which had been revised recently, was presented. Certain common elements regarding methods, procedures, and policies in these revisions will be cited.

In all of the states, study groups or advisory committees consisting of state level educators such as college presidents, members of the state board of education, etc., and local school officials were formed to make recommendations for revisions. After revisions were approved by the state legal authority a time lapse of one to five years was allowed to give schools an opportunity to comprehend the changes and take whatever action might be necessary to meet the new standards. In New Hampshire, the Department of Education sent a visiting team to all of the high schools, affected by a recent revision of accreditation standards, to make an appraisal aimed toward determining whether any action would have to be taken to meet the new mandatory criteria. The advisability of careful, deliberate action is apparent in all of the reviews. Moreover, the school's success in meeting new standards, which is more likely to occur when the above methods are effected, is very rewarding to the local school staffs and school patrons. Through this approach to accreditation revisions steady progress has been made in improving the learning opportunities for children.

CONCLUSION

This study evaluating the present status of public school approval and accreditation programs in the United States in terms of development, legal basis, underlying purposes, responsibilities, administration, and methods of revision provides valuable information which can be generalized to other areas, such as speech pathology and audiology, which are in the process of formulating standards and granting certification to educational programs.

REPORT OF THE CONVENTION
AMERICAN SPEECH AND HEARING ASSOCIATION

LOS ANGELES, CALIFORNIA—OCTOBER 30-NOVEMBER 5, 1960

THE stenographic report, including copies of reports submitted by officers and the Committee Chairmen, constitutes the Minutes of the 1960 Convention. These are on file in the National Office. The Executive Council received and discussed reports from the various committees. Following is a list of these committees and the important motions approved by the Council relative to the committees' activities. Actions of the Council later recinded by the Council and matters concerning personnel policies of the National Office have not been included. Appended to these Minutes are Minutes of the meetings of the House of State Delegates, a list of the Committees for 1961 and the auditors report on the financial position of the Association and the Foundation.

Meetings of the Executive Council were held on October 30 and 31, November 1 and 3, 1960. Business meetings were held on November 2 and 4, 1960.

Formal motions, seconded and passed by the Council begin with the word "that" and are numbered consecutively throughout in bold face type.

EXECUTIVE COUNCIL MEETINGS

The Executive Council of the American Speech and Hearing Association met in the Statler Hotel, Los Angeles, California, President Stanley Ainsworth presiding. Meetings were called to order by President Ainsworth. The following officers, officers-elect and members of the Council were present: Stanley Ainsworth, Paul Moore, Duane C. Spriestersbach, Jack Matthews, Jack L. Bangs, Wendell Johnson, Kenneth O. Johnson, George A. Kopp, William G. Hardy, Ira J. Hirsh, Ruth B. Irwin, James F. Jerger, Hayes A. Newby, Wilbert L. Pronovost, Dean E. Williams. Absent: Oliver Bloodstein.

Minutes of the 1959 Convention. The Minutes of the 1959 Convention failed to report the authorization of the Executive Council for the procurement of additional needed office space and an Associate Secretary.

1. That the Minutes of the 1959 Convention be accepted as published in the May 1960 issue of *Asha* and that the Executive Secretary be instructed to include the appropriate statement concerning space and additional staff.

Executive Committee. Stanley Ainsworth, Chairman. The following actions, approved by the Executive Committee during its meetings in Washington, D.C., on February 26 and 27, June 25 and 26, and September 27 and 28, 1960 were ratified by the Executive Council.

2. That the Executive Secretary notify the law office of Foulston, Siefkin, Schoeppel, Bartlett, and Powers at Wichita, Kansas, that on November 18, 1957 the office of Secretary-Treasurer was abolished and the office of Executive Secretary was created. (Reference: *Journal of Speech and Hearing Disorders,* May, 1958, pages 208, following.)

3. That the Executive Secretary transmit to the Veterans Administration the position that the term "Speech and Hearing Scientist" be used as a designation for those who are primarily interested in speech and hearing science.

4. That the expenditure of approximately $1,000 in excess of that approved by the Council for space for the National Office and actions taken in regard to the procurement of additional space for the National Office be approved.

5. That an Ad Hoc Committee consisting of the President, President-Elect, Executive Vice President and the Executive Secretary be established to develop a job description and personnel policies for the position of Associate Secretary.

6. That the job descriptions, as amended, be approved.

7. That ASHA shall hold its 1960 Annual Convention in cooperation with the California Speech and Hearing Association and that a statement to this effect shall be included on the convention program.

8. That the Committee on the Education and Training Registry be directed to include in their statement of instructions, which accompanies the Education and Training Registry Form, a statement that the person holding advanced certification or sponsor privilege certifies that he spends sufficient time within the program to assume responsibility and accountability for the academic and clinical programs in the area for which he signs.

9. That the Executive Secretary limit the distribution of the Education and Training Registry to direct inquiries for the location of training institutions.

10. That the President shall instruct the Committee on Nominations to bring to the Council at its next meeting a slate of at least three nominees for all offices, Councilor-at-Large vacancies, and Committee-Chairmen-Elect positions.

11. That the Committee on Legislation should formulate specific legislative principles which, when approved by the Executive Council, will represent a

statement of the ASHA position on federal legislation for the speech and hearing field.

12. That the Executive Secretary and Executive Vice President confer with responsible officials in the Office of Vocational Rehabilitation, Children's Bureau, Office of Education and the National Institutes of Health, and solicit suggestions regarding legislative possibilities for the speech and hearing field.

13. That the Chairman of the Committee on Revision of the By-Laws be requested to prepare a By-Law change draft for submission to the Executive Council, making it possible for the Associate Secretary to disburse Association funds in the absence of the Executive Secretary.

14. That the Chairman of the Committee on Revision of the By-Laws be requested to prepare a By-Law change draft for submission to the Executive Council which change will enfranchise state associations having an ASHA membership of less than 25.

15. That the Chairman of the Committee on Revision of the By-Laws be requested to prepare a By-Law change draft for submission to the Executive Council which will change Article IX, House of State Delegates, Section 1, Designation "b", from ". . . may be elected from each state group whose membership includes more than 100 ASHA members" to ". . . may be elected from each state group whose membership includes 100 or more ASHA members."

16. That the 1961 *Directory* be sold to members and nonmembers and that in the announcement concerning the sale of the *Directory*, the members be informed that distribution by sale only was necessitated by the increasing costs of *Directory* printing and preparation and that the 1960 *Directory* resulted in a cost to the Association of $11,000.

17. That the ASHA Committee on Deafness Speech and Hearing Publications be encouraged to explore with Gallaudet College the incorporation of Deafness Speech and Hearing Publications, if concurred in by the Deafness Speech and Hearing Publications Board of Directors.

18. That the Executive Secretary be authorized to employ a new clerical level person whose principal duties will involve certification and membership.

19. That a fund of $300 be established to cover expenses for official guests and that funds be made available to cover the cost of renting Association garage space.

20. That the Executive Secretary move ahead with the attorney in an effort to obtain 501 (c) (3) classification for the Association, as well as drafts of necessary Articles of Incorporation and By-Law revisions to provide for the American Boards of Examiners in Speech Pathology and Audiology.

21. That the Committee on Committees be advised to appoint a committee to study the effect of existing state licensing and certification laws on speech pathologists and audiologists and present recommendations concerning the desirability of governmental licensure in this field.

22. That the Executive Committee recommend to the Executive Council that machinery be established, making it possible for the Committee on Committees to recommend committee assignments and submit them to the Executive Committee for approval prior to the Convention.

23. That the Executive Committee encourage the Executive Secretary to continue exploration of affiliation possibilities with the International Association of Logopedics and Phoniatrics.

24. That the developing programs and interactions between the ASHA and the International Association of Logopedics and Phoniatrics, International Society for the Welfare of Cripples (International Commission on Speech and Hearing) and the American Hearing Society continue to be explored and that reports be made to the Executive Committee or Executive Council.

25. That a statement be prepared indicating the nature of appropriate research for the National Office. The following is a preliminary draft of the kind of statement which needs to be prepared for the guidance of the National Office and the Committee on Association Research Projects.

> "Studies requiring the cooperation of large numbers of institutions, studies which involve large samples, studies not involving any particular philosophy, studies seeking information of direct or immediate use to ASHA and the profession, studies seeking to establish basic criteria for incidence of handicap, studies of definition and nomenclature and studies designed to establish more widely accepted nomenclature are within the purview of the National Office."

26. That it is imperative that both membership and certification standards be raised, that this action take place in the very near future, and that in order to facilitate this action, a concrete proposal be referred to the appropriate groups and committees of the Association with the endorsement of the Executive Committee.

27. That the present "Honorary Life Membership" be redesignated "Life Membership" and that this section of the By-Laws be removed from the Article concerning Honors, be included within the Article concerning Membership and the requirements for this form of membership include ten years of ASHA membership.

28. That the job titles and definitions submitted by the Ad Hoc Committee on Job Titles be approved and

that the Executive Secretary be authorized to transmit with the approval of the Executive Committee these job titles and definitions to the Department of Labor.

The Council further stressed that these definitions were prepared for the exclusive use of the Department of Labor.

In addition to these actions, the following statement is included in the minutes of the Executive Committee meeting of June 26. "The Committee discussed present ASHA membership requirements, present certification standards, the relationship between these requirements and standards and whatever program may be developed by the American Boards of Examiners in Speech Pathology and Audiology. It discussed growing criticism of our certification standards, membership requirements and the competencies of those trained to the B.A. level. Also discussed were possible means of eliminating the dual certification level, increasing minimum competence of certificate holders and raising the ASHA membership requirements. The Executive Secretary was urged to discuss these matters informally with directors of state and city speech and hearing programs as well as other members in an effort to obtain an impression of the degree of support which changes in these areas would bring.

The Council held considerable discusson concerning the framework under which the Executive Committee should operate; they discussed the responsibilities that it should assume and the means by which it should carry out its duties. At present the Executive Committee is an unofficial body created by a motion in the Minutes of the 1959 Council Meeting. It appears that the Executive Committee has been functioning within the intent of the motion made for creating its existence.

29. That the Executive Committee report the Minutes of the meetings immediately after such meetings to the Executive Council, that in addition to the Minutes themselves, actions and recommendations be summarized for Council members for ratification by mail.

The Council referred to the Executve Committee a recommendation that the Committee on Research be made a Standing Committee.

30. That William Hardy be elected to the Executive Committee as Councilor-at-Large.

An Executive Committee report concerning the need for changes in membership requirements and certification standards was discussed. President Ainsworth summarized the discussion as follows: The Executive Council resolved itself into a committee as a whole to discuss various aspects of membership and certification; it was concluded that there were basic principles that could be formulated for the purpose of raising the profession by altering membership requirements and certification requirements. These principles in the membership area evolved around the substitution of a Master's degree for a Bachelor's degree as the basis for voting membership, with affiliates being permitted to hold the Bachelor's degree. In certification there were two principles of concern. These are the establishment of a single certification and a level of training which approaches the present advanced certification.

31. That the Executive Council go on record as favoring a single level of certification in speech pathology and audiology and that the Committee on Clinical Standards be instructed to propose how this principle should be implemented.

32. That the single level of certification previously recommended by the Council to the Committee on Clinical Standards for implementation concern a person who is qualified to render clinical services independently without supervision.

33. That all holders of Basic Certificates in speech (hearing) be awarded automatically the clinical certificate in speech pathology (audiology) when and if this certificate is defined by the Committee on Clinical Standards provided only that they complete, or will have completed, the experience requirement for the present Advanced Certificate in speech (hearing).

34. That the Council recommend to the Directors of the American Boards of Examiners in Speech Pathology and Audiology that they award the diplomate status to all holders of the Advanced Certificate.

35. That Article III, Membership, Section 2, Eligibility, of the By-Laws be revised as follows: "Members must hold the Master's degree or equivalent with major emphasis in speech and/or hearing. In lieu of a major in speech and/or hearing, applicants who hold the Master's degree or its equivalent may present evidence of active research interest and performance in and contributions to the speech and hearing field. Affiliates must hold a Bachelor's degree with a major emphasis in speech and/or hearing, or be enrolled as a graduate student in a Master's degree program in speech and/or hearing. The requirements for election as a member or affiliate may be waived in special instances by recommendation of the Committee on Membership and two-thirds vote of the Executive Council. Members and affiliates must agree to abide by the Code of Ethics of the Association." Orientation of the membership of ASHA to the membership revisions shall be carried out with all deliberate speed so that the new provisions may become effective January 1, 1963.

Joint Report from the Committee on Clinical Standards in Hearing and the Committee on Clinical Standards in Speech.

36. That the Committee on Clinical Standards in Hearing and the Committee on Clinical Standards in Speech be made a single committee, called the Committee on Clinical Standards.

37. That the Committee on Clinical Standards be composed of six members (three representing hearing and three representing speech) with a Chairman and a Co-chairman to share responsibility for the Committee's work.

38. That at least one member of the Committee on Clinical Standards be one of the Councilors-at-Large from the Executive Council.

39. That the Subcommittee on Standards in Public School Speech and Hearing Services be continued and that the Chairman of this subcommittee be one of the members of the general Committee on Clinical Standards.

Committee on Convention Program. Jack L. Bangs, Chairman.

40. That the responsibilities of the Chairman of the Committee on Convention Program be outlined in an official document; that these responsibilities be the development of the convention's professional meetings; that a committee be appointed consisting of the current and most recent two Vice Presidents to determine annually the basic structure of the professional program, this structure to include the percentage relationship between invited papers and submitted papers, as well as the number of convention days required for the professional program.

41. That the structure and content of the balance of the convention activities be determined annually by a committee consisting of the current and immediate past Vice Presidents and the Executive Secretary, and that the Executive Secretary be responsible for arranging this portion of the convention.

42. That the Call for Papers be printed in the January, February and March issues of *Asha*, the February issue of the *JSHD* and the March issue of the *JSHR*.

Committee on Liaison. Jack Matthews, Chairman. This report included reports from the Liaison Subcommittees.

43. That the Subcommittee on Liaison with State Agencies and Certification be discontinued.

The Executive Council referred to the Committee on Liaison a recommendation that the American Association on Mental Deficiency's Committee on Speech Pathology and Audiology be designated an ASHA Liaison Subcommittee for the American Association on Mental Deficiency.

Report of the Executive Secretary.

44. That the Auditor's Reports for 1959 for the American Speech and Hearing Association and for the American Speech and Hearing Foundation be approved. (Auditor's Reports, as approved, are appended to these Minutes.)

45. That the American Speech and Hearing Association apply for affiliation with the International Association of Logopedics and Phoniatrics.

46. That Parley Newman be authorized to sign checks on the account of the American Speech and Hearing Association and that the Bank of Commerce be advised of this authorization. (Indicated By-Law changes are to be prepared and submitted to the membership.)

47. That the Executive Council encourage members to cooperate with allied groups in the development of appropriate educational programs designed to improve standards of competence in these groups.

48. That applications for recognition to the House of State delegates be approved for Ohio, Maryland, Alabama, and Pennsylvania.

Report of the Business Manager.

49. That Interstate Printers and Publishers be authorized to print the 1961 *JSHD*, *JSHR* and *Asha*.

50. That the Chairman of the Publications Board be authorized to consider in collaboration with the Chairman of the Committee on Convention Program the possible selection and publication, as a symposium, of selected papers from the 1961 Convention.

51. That subscription rates to the *JSHD* and *JSHR* be increased to $7.00 per annum beginning January 1, 1961, and that the annual subscription rate to *Asha* be $8.00.

Committee on Time and Place.

52. That the 1963 Convention be held in Chicago, Illinois, at the Sherman Hotel, November 3-6.

Ad Hoc Committee on Job Titles.

53. That the Ad Hoc Committee on Job Titles be discontinued.

Committee on Association Research Projects. M. D. Steer, Chairman.

54. That the Report of the Nationwide Study of Speech and Hearing Programs in the Public Schools be referred to the Publications Board for its consideration as a monograph and/or other disposition in condensed form.

55. That the Committee on Association Research Projects be continued as the Committee on Research of ASHA and that this Committee be charged with the responsibility for advising and providing guidance to ASHA, to the National Office and to other groups per-

tinent to studies that require cooperation of large numbers of people or institutions and studies that seek information of direct or immediate use to ASHA and the profession.

56. That ASHA continue to engage in sponsored research projects important to the ASHA membership. Proposals for research projects to be undertaken by ASHA through its National Office should be reviewed and approved by the Committee on Research and contractual arrangements related to these projects shall be approved by the Executive Committee for the Executive Council before being executed.

Committee on Deafness Speech and Hearing Publications. Kenneth O. Johnson, Chairman.

57. That the Committee on the National Index on Deafness Speech and Hearing be designated the Committee on Deafness Speech and Hearing Publications.

58. That the Executive Council authorize the Executive Secretary to proceed with the incorporation of Deafness Speech and Hearing Publications, that this corporation be owned equally by the American Speech and Hearing Association and Gallaudet College, that the purposes and responsibilities as set forth in the agreement attached to the 1960 Report of the Committee on Deafness Speech and Hearing Publications be included in the Articles of Incorporation of Deafness Speech and Hearing Publications and that the Executive Committee approve and be consulted on each stage in the development of this organization up to and including incorporation.

59. That commmunications from (or to) the Board of Directors of Deafness Speech and Hearing Publications to (or from) the ASHA representatives be transmitted through the Chairman of the ASHA Committee on Deafness Speech and Hearing Publications.

Committee on Clinical Certification. Ruth B. Irwin, Chairman.

60. That the Chairman of the Committee on Clinical Certification be authorized to process the November 1960 listing of certification listings providing no objections are voiced to any name on this list by November 2, 1960.

61. That no new "grandfather" applications be received after June 15, 1961.

Committee on Ethical Practice. Hayes A. Newby, Chairman.

62. That it is the sense of the Council that if the Committee on Ethical Practice feels its present operating procedures are too restrictive to insure the preservation of the ethical standards of the Association that it shall feel free to extend those procedures.

63. That Section 2.A. of the Code of Ethics be rewritten and rearranged as follows:

A. It shall be considered unethical:

. . .

(3) For members in private practice to employ . . . consisting of the name of the person or organization . . . and telephone number. Listing of name . . . shall not be considered unethical. Members not holding Advanced Clinical Certification are expressly forbidden to use the name of the Association in any professional announcements.

(4) To guarantee the results. . . .

(5) To diagnose or to treat speech or hearing disorders by correspondence. . . .

(6) To reveal any confidential information. . . .

(7) To write or say anything. . . .

(8) To exploit patients. . . .

(9) To accept compensation. . . .

(10) To accept a fee, gift. . . .

(11) To engage directly in the sale of hearing aids. . . .

(12) To supervise, to direct, or to administer. . . .

64. That Section 2.A.8. of the ASHA Code of Ethics be changed to read: "It shall be considered unethical to exploit patients: (a) by accepting payment for treatment in cases in which benefits cannot reasonably expect to accrue under treatment offered;".

65. That a two day face-to-face meeting of the Committee on Ethical Practice be authorized during 1961.

Committee on Training Institutes. Duane C. Spriestersbach, Chairman.

66. That the Association sponsor some short courses in conjunction with the next several annual conventions of the Association, that a Committee on Short Courses be established and that this Committee be charged with the responsibility for designing the courses, arranging for teachers and implementing the courses through the appropriate Committee on Convention Program.

67. That the fees charged for the short courses be at a level which will make it possible to reimburse the lecturer for expenses directly related to the presentation of the short course.

68. That registrations for the short courses be limited and that applications from members be accepted on a "first come" basis until the quotas are filled.

69. That the Committee be continued in 1961 to evaluate the desirability and effectiveness of this short course.

Committee on Committees. Paul Moore, Chairman.

The Committees and the appointed members as approved by Council are appended to these Minutes. Subcommittees and their members as established and appointed by the Chairman of the full Committee are also appended to these Minutes.

70. That the Committee on Committees meet prior to the fall meeting of the Executive Committee in order to present the Committee on Committees' recommendations for Executive Committee action.

71. That the President-Elect be apprised of the fact that it is the sense of the Council that members of the Nominating Committee not be listed on the proposed slate of nominees.

Committee on Honors. Paul Moore, Chairman.

72. Resolved that the Honors of the Association be awarded to Charles S. Bluemel in recognition of his distinguished contributions to the profession of speech pathology. For half a century, his writings about the problem of stuttering have contributed significantly to the training of speech pathologists and to remedial work with those who suffer speech disorders. The creativity of this man has caused him to be one of the consistent leaders in the field. He was the first to distinguish between primary and secondary stuttering, and he was among the first to express the belief that stuttering is not related etiologically to the peripheral speech organs. The concept that stuttering is the inhibition of the conditioned reflex of speech, which was presented in 1935, apparently was the first fully developed learning theory of stuttering. Today, learning and conditioning are fundamental in a number of theories and therapies. At a time in life when most men are willing to take their ease, Dr. Bluemel continues to make significant contributions to the profession and to this Association through scientific articles, through his recent, sixth major book, *The Riddle of Stuttering*, and through his appearances on the programs of the Association. This physician has served the healing arts in many ways and in so doing has contributed especially to the professional status of speech pathology.

73. Resolved that the Honors of the Association be awarded to Raymond Carhart in acknowledgement of his many outstanding contributions to the Association and to the profession. He has played a major role in the development of audiology and deserves much credit for the present professional status of the field. As one of the foremost audiologists in the nation, he has represented the speech and hearing field in general, and audiology in particular in such a way as to command the respect of those in associated disciplines. He has conducted a prodigious amount of research and has published widely, in consequence of which he is known in audiologic and otologic circles throughout the world. His efforts in relation to the hearing aid industry have resulted in improvement in design of hearing aids and of audiometers, and in more amicable relationships between the professional and industrial aspects of the field. He has served the Association extensively, and with distinction in many offices including the Presidency. In addition, and perhaps of greatest importance, he has been an outstanding teacher and clinician.

74. Resolved that the Fellowship be awarded the following members:

Robert Bilger	Shulamith Kastein
Mary Rose Costello	Frank R. Kleffner
Aubrey Epstein	Frank M. Lassman
Victor Garwood	Herbert J. Oyer
Newman Guttman	Deso Weiss

75. Resolved that the entire Committee on Convention Program be commended for planning and arranging an outstanding professional convention. Special appreciation is accorded Vice-President and Chairman of the Committee, Jack L. Bangs, for his skillfulness and equanimity in handling the many facets of this major responsibility.

76. Resolved that the Association commend the outstanding work of William H. Perkins, Chairman of the Local Arrangements Committee. The Association is pleased to recognize also the Administrative Executive of this Committee, Norman Freestone, and the more than 90 Committee members, who have contributed so much to the success of this Convention.

77. Resolved that the Association express its sincere appreciation to Wilbert Pronovost for his consistent contributions to the deliberations of the Executive Council. His service has been marked by thoughtful consideration of issues, constant adherence to high principles, and diligence in recognizing and protecting the objectives of each interest group within the membership.

78. Resolved that the unique service of retiring Council Member Ira Hirsh be recognized with gratitude by the Association. His work has been distinguished by zealous concern for the welfare of the Association, by keen analysis of problems, by clear statement of issues, and by vigorous support of constructive policies.

79. Resolved that the ASHA acknowledge its indebtedness to George A. Kopp for his distinguished contributions to the work of the Executive Council. The current year has marked another phase of service in which the wisdom and knowledge acquired in his long and distinguished experience as Secretary and then President of the Association has been used constructively in the interests of the entire profession.

80. Resolved that the Association express its great appreciation to William Tiffany and the other mem-

bers of the committee which prepared the abstracts of convention papers. This work has provided a guide to the entire program and will serve as a permanent summary of the professional phases of the convention.

81. Resolved that the American Speech and Hearing Association recognize with grateful appreciation the extraordinary assistance of Wesley Wilkerson, in behalf of speech pathology and audiology. His unwavering devotion to the cause of those with speech and hearing handicaps has exerted an influence of great national significance.

82. Resolved that the American Speech and Hearing Association transmit its deep appreciation to Malcom Fraser and the Speech Foundation of America for financial sponsorship of the preparation, publication and distribution to all members of the Association, the booklet, *Stuttering*.

83. Resolved that the American Speech and Hearing Association express its sincere appreciation to the Zenith Radio Corporation for its continuing interest in the American Speech and Hearing Foundation through its significant contribution to the scholarship fund.

84. Resolved that the American Speech and Hearing Association express its sincere appreciation to the United Cerebral Palsy Association for the continuing interest in speech pathology and audiology as shown through its generous contribution to the scholarship fund of the American Speech and Hearing Foundation.

85. Resolved that the American Speech and Hearing Association express its deep appreciation to Stanley Ainsworth for his outstanding contributions to the Association and to the profession. The consistent and creative efforts which characterized his work as Executive Vice-President have been expanded and combined with his humanness thereby providing the Association with a wise, patient and skillful President.

House of State Delegates. John Palmer, Chairman.

86. That the Executive Secretary be authorized to transmit to the members of the House of State Delegates the rationale for upgrading standards.

87. That the request to consider budgetary needs of the House of State Delegates be referred to the Committee on Budget with the acknowledgement by the Executive Council of financial responsibility for this request.

Committee on Revision of By-laws. Elaine Paden, Chairman.

The Committee presented the following as proposed changes to the By-Laws:

Recommended By-Law Change No. 1:

Article VIII. Central Office

Section 2. Executive Secretary

To read as follows:

The Executive Secretary shall also be entrusted with the collection and safeguarding of the Association's lawful funds, subject to the expressed wishes of the members of the Association in their official meetings. He shall be bonded, shall be authorized to draw money from the Association's funds, and make expenditures. His accounts shall be subject to annual audit. All routine expenditures as outlined in the budget prepared by the Committee on Budget shall be made by him; unusual expenditures will be referred to that Committee for action. He shall be the Business Manager of all Association publications and manage the business matters attendant to the annual convention.

The Executive Secretary shall be empowered to designate one person, who has the approval of the Executive Council, to draw money from the Association's funds and make expenditures. The delegated person shall also be bonded.

Recommended By-Law Change No. 2:

Article IX. House of State Delegates

To read as follows:

Section 1. Designation

(a) to be the same.

(b) to be omitted.

(c) to become (b).

Section 2. Representation

a. One delegate may be elected to represent each state group whose total membership includes less than 100 ASHA members.

b. Two delegates may be elected from each state group whose total membership includes 100 or more ASHA members.

c. State associations with less than 25 ASHA members will send delegates with one-half vote and all other state associations will have one vote for each delegate.

d. Alternate delegates may be elected to serve in case the delegates cannot attend the national meeting. Delegates shall serve for a term of two years and may be elected for one additional term. A delegate who moves from one state to another after having served one term may be elected to serve one additional term for his new state group.

Recommended By-Law Change No. 3:

Article X. Committees

Section 3. The Committee on Nominations.

To read as follows:

Article X. Committees and Boards

Section 3. The Committee on Nominations.

The Committee on Nominations shall consist of four appointive members, one member elected by the House of State Delegates, and the most recent past-

president of ASHA, who shall be Chairman. The Committee shall prepare nominations for all Officers, Committee Chairmen and Council members to be elected, and submit these nominations to the Executive Council for approval or revision and recommendation to the membership at the annual meeting.

Recommended By-Law Change No. 4:

Article X. Committees

Section 5. Committee on Liaison

To read as follows:

The Committee on Liaison shall consist of the President, Vice-President, Executive Secretary, Chairman of the Publications Board, Chairman of the Committee on Clinical Certification, Chairman of the Committee on Ethical Practice, a member elected by the House of State Delegates, and the Executive Vice-President, who shall be Chairman. The Committee shall study the relationships of the Association to other Associations, to various federal and state offices and bureaus, to allied professions and areas, and shall search for methods of fostering such relationships.

Recommended By-Law Change No. 5:

Article X. Committees

To read as follows:

Section 9. Committee on Clinical Standards

The Committee on Clinical Standards shall consist of six members, representing speech pathology and audiology equally: Chairman, a Co-Chairman, and four other members, all of whom hold the Advanced Clinical Certificate. The Chairman and Co-Chairman shall be appointed for four-year terms with different expiration dates; they shall be appointed one year prior to the expiration of the terms of the current Chairman and Co-Chairman and shall serve as one of the Committee members during that year. One of the members of the Committee shall be chosen from the Councilors-at-Large of the Executive Council. The Committee shall study the existing requirements for certification of clinical competence and recommend methods for improving standards to the Executive Council for its approval.

Section 10. Committee on Clinical Standards in Hearing

Delete entire section.

Recommended By-Law Change No. 6:

Article X. Committees

Section 11. Committee on Clinical Certification

To read as follows:

a. To be renumbered Section 10.

b. The Committee on Clinical Certification shall consist of a Chairman elected for a term of four years and at least eight other appointive members, four in speech pathology and four in audiology, all of whom hold the Advanced Clinical Certificate. The Committee Chairman shall be elected one year prior to the assumption of his duties, and during that year shall serve as one of the eight Committee members. The Committee shall process applications for certification, employing the qualification standards established by the Executive Council on recommendation of the Committee on Clinical Standards. Each application shall be acted upon by at least two members holding Advanced Certification in the area (speech pathology and audiology) in which the applicant is seeking certification, plus one other Committee member. Based upon its study of the qualifications presented by the applicants, the Committee shall submit recommendations concerning changes in standards to the Committee on Clinical Standards.

Section 12. Renumbered to be Section 11.

Section 13. Renumbered to be Section 12.

Recommended By-Law Change No. 7:

Article X. Committees

Section 14. Committee on Time and Place

To read as follows:

a. Renumbered to be Section 13.

b. The Committee on Time and Place shall consist of three appointive members, one member elected by the House of State Delegates, and the Executive Secretary, who shall be Chairman. The Committee shall study and make recommendations to the Executive Council concerning arrangements for dates and locations for future conventions.

Recommended By-Law Change No. 8:

Article X. Committees

Section 15. Publications Board

To read as follows:

a. Re-numbered to be Section 14.

b. The Publications Board shall consist of the Editors of all official publications; the Business Manager; three additional appointive members, one each from the fields of speech disorders, hearing disorders, and basic speech and hearing sciences; a member elected by the House of State Delegates; and the Chairman of the Publications Board. The three appointive members shall each serve for a period of three years, with one member newly appointed each year. This Board shall appoint, subject to ratification of the Executive Council, the Editors of the *Journal of Speech and Hearing Disorders*, the *Journal of Speech and Hearing Research*, *Asha*, *Trends*, *Monographs*, and the *Directory*, ratify the editorial staffs for all official publications, and serve in an advisory capacity to the Chairman of the Board in matters relating to general publications policy.

Recommended By-Law Change No. 9:

Article XI. Professional Standards

Section 2. Clinical Certification

To read as follows:

The Association shall define clinical competence in speech pathology and audiology. Any member who

so desires may apply for certification in one or both areas. Upon review of his qualifications with reference to the standards set by the Executive Council upon recommendation by the Committee on Clinical Standards, the Committee on Clinical Certification will issue, with approval by the Executive Council the certificate or certificates for which the member qualifies. These certificates will be valid as long as the individual remains a member in good standing of the Association. Certification by the Association shall be considered as evidence of clinical competence.

Recomended By-Law Change No. 10:

Article XII. Association Honors

Section 3. Honorary Life Members

Omit Section 3. Honorary Life Members.

Article III. Membership

Section 1. Classes of Membership

To read as follows:

a. The Membership of this Association shall consist of two classes: Members and Associates. The Members shall comprise the voting body of the Association. The right to hold office shall be limited to Members.

b. Any Member who has held membership for ten years, and has attained the age of 65, may apply for and automatically receive Life Membership with all privileges of a Member. Annual dues will be waived.

88. That the recommended By-Law changes 1 through 10 be approved, and presented to the membership for ballot.

89. That the proposed change in Article XI, Section 2, if passed by a mail ballot, be made effective January 1, 1963, and that the other proposed By-Law changes passed by mail ballot be made effective immediately.

In addition the Executive Council approved the following proposed change in Article III, Membership, Section 1, a, Classes of Membership and Section 2, Eligibility.

Section 1. Classes of Membership

To read as follows:

a. The membership of this Association shall consist of two classes: Members and Affiliates. The members shall comprise the voting body of the Association. The right to hold office shall be limited to Members.

Section 2. Eligibility

To read as follows:

a. Members must hold the Master's degree or equivalent with major emphasis in speech and/or hearing. In lieu of a major in speech and/or hearing, applicants who hold the Master's degree or its equivalent may present evidence of active research, interest and performance in, and contributions to the speech and hearing field.

b. Affiliates must hold a Bachelor's degree with major emphasis in speech and/or hearing, or be enrolled as a graduate student in an advanced degree program in speech and/or hearing.

c. The requirements for election as a member or affiliate may be waived in special instances by recommendation of the Committee on Membership and two-thirds vote of the Executive Council.

90. That the By-Law revision of Article III, Sections 1 and 2, be approved and if passed by a mail ballot, be made effective January 1, 1963.

91. That the By-Law revision for Article III, Sections 1 and 2, not be submitted to mail ballot until after the 1961 Convention.

Committee on Nominations. George Kopp, Chairman.

92. That the nominees presented by the Committee on Nominations be approved.

The following were the nominees approved:

President-Elect	Councilor-at-Large
James Curtis	Arthur House
Eugene McDonald	Earl Schubert
Charlotte Wells	Mildred Templin
Vice-President-Elect	**Councilor-at-Large**
Isaac Brackett	Betty Jane McWilliams
Elise Hahn	John O'Neill
William Tiffany	Joseph Wepman

Committee on Budget.
Jack Matthews, Chairman

93. That the Executive Council approve the budget estimate and that the budget be considered approved by mail ballot of Council following review by the Executive Committee.

94. That the President be asked to write to all officers and committee chairmen no later than September 1 to request them to submit by September 30 the following information: (1) Association money spent for period January 1 through September 30, (2) anticipated expenses for period October 1 through December 31, (3) funds required for next year's activities of officers or committees. Expenses should be broken down into categories in keeping with the preparation of the Association budget and justification for each budget item should be included with the budget request.

For calendar year 1960 cash receipts are estimated to be $157,969 and cash disbursements $157,991. In addition to Association income and expenses, $48,068 was received for expenditure from the Office of Vocational Rehabilitation for special projects during 1960. The 1961 estimated income is $182,739 and estimated expenses total $194,654 for an estimated excess of expenses over income of $11,915.

Committee on Public Information.
Jack Matthews, Chairman.

95. That the name of the Committee on Legislation be changed to Committee on Public Information.

96. That the Committee on Public Information concern itself with federal aid for research, training, clinical services, buildings and equipment in the speech and hearing field.

97. That in the area of federal aid for training in the speech and hearing field the following principles should guide the Committee on Public Information:

a. Support should be limited to graduate students.

b. Support should provide for the awarding of fellowship and teaching grant monies directly to colleges and universities.

c. The federal office responsible for the administration of the program should receive the assistance of an Advisory Panel broadly constituted of professional specialists representing the many specialty groups which make speech pathology and audiology training programs.

d. Support should be given to programs providing training for persons who will work in a wide variety of employment contexts.

e. Support should be such as to encourage the development of new training programs.

Committee on Membership.
Kenneth O. Johnson, Chairman.

The report included suggestions that Sigma Alpha Eta be supported by ASHA in its effort to bring undergraduates into SAE membership, that Journals be provided Sigma Alpha Eta members at reduced rates, and that Sigma Alpha Eta assist ASHA in bringing undergraduates into ASHA membership.

98. That is the sense of this Council that it is desirable to implement the spirit of the recommendations contained in the Report of the Membership Subcommittee on Undergraduate Membership.

American Boards of Examiners in Speech Pathology and Audiology. Leo G. Doerfler, President.

99. That the Executive Committee be instructed to take steps to approve proposed changes in the By-Laws for ABESPA.

In addition to the reports and actions relative to the Committees previously listed, the Executive Council received the following reports:

Committee on Liaison Between Otology and Audiology. S. Richard Silverman, Chairman.

Publications Board. Wendell Johnson, Chairman.

Committee on Association Planning. Gordon Peterson, Chairman.

Committee on Group Insurance. Martin Palmer, Chairman.

Committee on Education and Training Registry. Barbara B. Blackstone, Chairman.

Committee on White House Conference on Children and Youth. Darrel Mase, Chairman.

Committee on Terminology. Asa J. Berlin, Chairman.

Report of the President. Stanley Ainsworth.

Other Council Actions

The Council approved motions not directly related to any committee report or activity. These actions are as follows:

100. That the Executive Council approve in principle the plan for the development of Audiometer Calibration Centers in the United States and that an Ad Hoc Committee be appointed to evaluate the plan, develop standards for calibration centers, including procedural as well as equipment standards and the procedures for certifying such centers and possible methods for funding such a program.

101. That the Executive Vice-President be instructed to convey to the Executive Secretary the sincere appreciation of the Executive Council for the effort and work he has done on behalf of the Association and that the Council looks forward to his services in the future.

TRUSTEES OF AMERICAN SPEECH AND HEARING FOUNDATION MEETING

American Speech and Hearing Foundation.
M. D. Steer, President.

The Executive Council reconstituted itself as the Board of Trustees of the American Speech and Hearing Foundation. The meeting of the Trustees was held in the Statler Hotel, Los Angeles, California, on October 31, 1960. **Motions duly made, seconded and passed by the Trustees begin with the word "that" and are numbered consecutively in bold face.**

1. That checks in the account of the American Speech and Hearing Foundation be drawn on the signature of the Treasurer of the Foundation.

2. That this Board of Trustees will approve for the position of Secretary of the American Speech and Hearing Foundation that person who is suggested by the Committee on Committees of ASHA and approved by the Executive Council of ASHA.

3. That the board of Trustees of the American Speech and Hearing Foundation rise and sit again as the Executive Council of the American Speech and Hearing Association.

BUSINESS MEETINGS

The Executive Council presented abstracts of the reports received and actions taken during Council meetings.

M. D. Steer announced the following as winners of scholarship and research grant awards given by the American Speech and Hearing Foundation:

Grants from the Foundation's General Fund:

Harold Bate Richard Hoops
Kenneth Burk Mary Hyde

Research Grants from the Zenith Radio Corporation:

Robert G. Jones Earl Stark Herman Schill

Scholarship Grants from the United Cerebral Palsy Research and Educational Foundation, Inc.:

Robert Brooks Howard Grey

Nominations were invited from the floor for each of the offices separately. There being none it was duly moved, seconded and passed that the nominations be closed.

HOUSE OF STATE DELEGATES MEETINGS

The first and second sessions of the House of State Delegates of the American Speech and Hearing Association at its 36th Annual Convention convened in the Mission Room, Statler Hotel, on Tuesday, November 1, 1960, President-Elect Paul Moore presiding. **Motions duly made, seconded and passed begin with the word "that" and are numbered consecutively in bold face type.**

President-Elect Moore noted that by action of the ASHA Executive Council, the President-Elect serves as Chairman of the initial sessions of the House of State Delegates.

Seating of the Delegates: The states were called in alphabetical order and the delegates representing each state were asked to identify themselves.

Alabama, T. Earle Johnson
California, Esther Herbert; Elise Hahn
Colorado (absent)
Florida, McKenzie Buck
Illinois, Mildred Berry; Donald C. Davis
Iowa, Carl Betts
Kansas, James McLean
Kentucky, Charles F. Diehl
Louisiana, C. Cordelia Brong
Maryland, Margaret Faulk
Michigan, Ruth Curtis; A Bruce Graham
Minnesota, Clark D. Starr
Missouri, Frank Wilson
Nebraska, Ernest J. Burgi
New Jersey, Louis Stoia
New York, Moe Bergman
Ohio, John Black; J. Garber Drushall
Oklahoma, Sylvia O. Richardson
Oregon, Herold S. Lillywhite
Pennsylvania, Bruce Siegenthaler
Tennessee, Forrest Hull
Virginia, James Mullendore
Washington, John M. Palmer

The Chairman noted that there were 23 states recognized by ASHA.

1. That the House of State Delegates go on record as welcoming such observers and visitors as may desire to be present in future deliberations.

The Chairman reviewed the rationale for the House of State Delegates and read Article IX of the By-Laws. He noted that the delegates are the liaison between the state and national associations and that there exists a two-way responsibility. Part of the delegates' responsibility is the delegation of work in the state association. He should see that appropriate actions are taken; that points are discussed and that proposals are presented. The House of State Delegates may initiate much of the agenda of the Executive Council. As the House of State Delegates demonstrates its capabilities and abilities, its responsibilities and contributions will develop within the Associaton.

Stanley Ainsworth presented the report of the President of ASHA. Kenneth O. Johnson presented the report of the Executive Secretary of ASHA.

2. That the Nominating Committee of the House consist of three members.

3. Upon motions duly made, the following persons were unanimously elected to the Committee on Nominations:

Moe Bergman	New York
Donald A. Davis	Illinois
Herold Lillywhite	Oregon

State associations are to assume the responsibility for notifying the ASHA National Office at such time as they may be eligible to send a second delegate to the House.

The rationale for the certification and membership changes approved by the Council were discussed in detail.

The By-Laws require the election of a Chairman of the House one year in advance of his assuming office. Each delegate is elected for two years, and so by the time a Delegate is elected and becomes an Officer-Elect, only one year of his term as a Delegate remains. Unless he is re-elected as a Delegate by his state, he would not be a member of the House at the time he would ordinarily assume his office. In light of this problem, the House of State Delegates, through its Executive Committee, concluded that officers of the House of State Delegates will become ex-officio members if their terms of office exceed their period of service to their states as Delegates.

Slate of Officers:

Chairman	John Palmer, Washington
Vice Chairman	Bruce Siegenthaler, Pennsylvania
Parliamentarian	Elise Hahn, California
Clerk	Ruth Curtis, Michigan

Each office in turn was opened for additional nominations. There being none, upon motions duly made and seconded the officers listed were elected unanimously.

Slate of Appointees for ASHA Committees:

Committee on Nominations	Frank Wilson, Missouri
Committee on Liaison	A. Bruce Graham, Michigan
Committee on Time and Place	C. Cordelia Brong, Louisiana
Publications Board	Ernest Burgi, Nebraska

Each committee in turn was opened for additional nominations. There being none, upon motions duly made and seconded the committee appointees listed were elected unanimously.

Paul Moore introduced the new Chairman, John Palmer.

4. That the House of State Delegates have as its official representative to the Executive Council the Chairman of the House of State Delegates and that his task will be to represent, in a representative manner, the actions, opinions and activities of the House of State Delegates.

By consent of the delegates an informal Executive Committee was established to consist of the officers of the House of State Delegates.

BOARDS AND COMMITTEES OF THE ASSOCIATION

American Boards of Examiners in Speech Pathology and Audiology, Board of Directors of: Raymond T. Carhart (1962); Leo G. Doerfler (1962 President), Wendell Johnson (1962), Jon Eisenson (1963), Margaret Hall Powers (1963 Vice President), S. Richard Silverman (1963), Ira J. Hirsh (1964), Hayes A. Newby (1964 Secretary-Treasurer), Robert West (1964)

Education and Training Board: Stanley H. Ainsworth, James F. Curtis, John V. Irwin, Delyte W. Morris, Raymond Carhart, Chairman.

Professional Services Board: Frederic Darley, Frank M. Lassman, Darrel J. Mase, Martin F. Palmer, Leo G. Doerfler, Chairman.

Board of Examiners in Speech Pathology: Gordon E. Peterson, Margaret Hall Powers, Sylvia O. Richardson, Robert W. West, George A. Kopp, Chairman.

Board of Examiners in Audiology: John H. Gaeth, Hayes A. Newby, Earl D. Schubert, S. Richard Silverman, William G. Hardy, Chairman.

American Speech and Hearing Foundation, Board of Directors of: Kenneth O. Johnson, Treasurer (1960-61); S. Richard Silverman, Secretary (1961); Dean E. Williams, Vice President (1960-63); Wendell Johnson, Chairman (1960-63); Mack D. Steer, President (1960-63).

Publications Board: Virgil Anderson (1959-61), John W. Black (1961-64), Raymond Carhart (1960-62), Frederic Darley (1959-62), Mary Wehe Huber (1959-62), Kenneth O. Johnson, Dorothy Sherman (1959-62), Ernest J. Burgi (1961), Wendell Johnson, Chairman (1959-62).

STANDING COMMITTEES

Budget: Kenneth O. Johnson, Wendell Johnson, Paul Moore, Jack Matthews, Chairman.

Clinical Certification: Evelyn Young Allen, Dale S. Bingham, Helen G. Burr, Leola S. Horowitz, Eleanor M. Luse, Robert L. McCroskey, Parley W. Newman, Elmer Owens, Herbert Joseph Oyer, Mary Cecelia Quirk, R. Edwin Shutts, Alice H. Streng, Glenn Taylor, Roy E. Tew, Katherine Thorn, Rolland J. Van Hattum, Ruth Beckey Irwin, Chairman.

Clinical Standards: Walter W. Amster, A. Bruce Graham, John W. Keys, Helen Sullivan Knight, Chairman; William G. Hardy, Co-Chairman (1961-65); Charlotte G. Wells, Chairman (1961-64).

Committees: Kenneth O. Johnson, Wendell Johnson, Jack Matthews, Paul Moore, D. C. Spriestersbach, James F. Curtis, Chairman.

Program: D. C. Spriestersbach, Chairman.

Speech and Hearing Science Subcommittee

Robert C. Bilger, James P. Egan, Jozef J. Zwislocki, John C. Webster, Chairman.

Speech Pathology Subcommittee

Walter W. Amster, David Ross Dickson, Josephine Simonson, James C. Hardy, Helen Sullivan Knight, James E. McLean, Sheila G. Morrison, Wayne L. Thurman, Courtney Stromsta, Elise S. Hahn, Chairman.

Audiology Subcommittee

D. Robert Frisina, Robert Goldstein, Otto J. Menzel, June Miller, William F. Prather, Richard A. Winchester, Aubrey Epstein, Chairman.

Association Interest and Problems Subcommittee

Harlan Bloomer, John L. Boland, Jr., Sue Earnest, George H. Kurtzrock, Herold S. Lillywhite, Stanley H. Ainsworth, Chairman.

Abstracts Editor

Maryjane Rees

Administrative Associate

Gene R. Powers

Local Arrangements

Earl R. Harford

Film Theater Subcommittee

William E. Castle, Co-Chairman; Robert J. Duffy, Chairman.

Ethical Practice: T. D. Hanley, Freeman E. McConnell, John P. Moncur, George Shames, Hayes A. Newby, Chairman.

Honors: Virgil Anderson, Ollie L. Backus, Ernest H. Henrikson, Wilbert Pronovost, Freeman E. McConnell, James F. Curtis, Chairman.

Liaison: Ruth Beckey Irwin, Kenneth O. Johnson, Wendell Johnson, Paul Moore, Hayes A. Newby, D. C. Spriestersbach, A. Bruce Graham, Jack Matthews, Chairman.

Membership: Harriet Haskins, Hayes A. Newby, John J. O'Neill, William R. Tiffany, Kenneth O. Johnson, Chairman.

Nominations: Jack L. Bangs, Mary S. Farquhar, Gordon E. Peterson, Frank B. Wilson, Stanley H. Ainsworth, Chairman.

Terminology: Elaine Pagel Paden, Stephen P. Quigley, Sylvia O. Richardson, Alfred J. Sokolnicki, Asa J. Berlin, Chairman.

Time and Place: Jean L. Anderson, C. Cordelia Brong, Philip E. Rosenberg, Nancy E. Wood, Kenneth O. Johnson, Chairman.

SPECIAL AND AD HOC COMMITTEES

Advisory to the Business Manager on Circulation of Publications: Jack L. Bangs, Ralph R. Leutenegger, Ernest J. Burgi, Chairman.

Association Planning: Virgil Anderson, Don A. Harrington, Harold L. Luper, Eugene T. McDonald, Ernest H. Henrikson, Chairman.

Research: Leo G. Doerfler, Jon Eisenson, Wendell Johnson, Jack Matthews, Earl D. Schubert, Mack D. Steer, Chairman; Kenneth O. Johnson, ex officio.

Certification Subcommittee on Examining for Certification in Hearing: Aubrey Epstein, Frank M. Lassman, John J. O'Neill, Louis M. DiCarlo, Bruce M. Siegenthaler, Tina E. Bangs, Clair N. Hanley, Robert Goldstein, Freeman E. McConnell, Mary Rose Costello, Richard F. Dixon, Francis Sonday, John H. Gaeth, Claude S. Hayes, Leo G. Doerfler, Chairman.

Certification Subcommittee on Special Examination in Speech: Earl W. Blank, Isaac Parsons Brackett, Thayne A. Hedges, Harold L. Luper, Nancy E. Wood, Murray M. Halfond, Kenneth Scott Wood, Melvin Hyman, Chairman.

Executive: Paul Moore, Jack Matthews, William G. Hardy, James F. Curtis, Kenneth O. Johnson.

Group Insurance: Lois Anne Brien, Charles D. Parker, Raymond Summers, Martin F. Palmer, Chairman.

Public Information: Hugo H. Gergory, Jr., Kenneth O. Johnson, Adah L. Miner, Bruce M. Siegenthaler, Jack Matthews, Chairman.

Liaison Between Otology and Audiology: Bernard M. Anderman, Moe Bergman, Tina E. Bangs, Claude S. Hayes, S. Richard Silverman, Chairman.

Liaison Subcommittee on International Association of Laryngectomees and the American Cancer Society: Lyman S. Barrett, William M. Diedrich, Warren H. Gardner, Frank R. Kleffner, Jeannette R. Laguaite, Ernest H. Henrikson, William F. Waldrop, Chairman.

Membership Subcommittee on Undergraduate Membership: Dorothy Craven, Stanley Dickson, John Irwin, Kathleen Kalbfleisch, Margaret C. Byrne, Chairman.

Deafness Speech and Hearing Publications: Stanley Ainsworth, Wendell Johnson, Kenneth O. Johnson, Chairman.

Revision of By-Laws: Margaret C. Byrne, William H. Perkins, Elaine Pagel Paden, Chairman.

Subcommittee on Standards in Public School Speech and Hearing Services: Martha E. Black, James D. Bryden, Marion Donewald, Vera M. Gee, Hildred A. Gross, Rolland J. Van Hattum, Helen Sullivan Knight, Chairman.

Short Courses: Frederic Darley, Betty Jane McWilliams, Bruce M. Siegenthaler, Ira J. Hirsh, Chairman.

Organizational Structure: Mack D. Steer, John V. Irwin, Jack Matthews, Stanley H. Ainsworth, Chairman; Kenneth O. Johnson, ex officio.

Audiometer Calibration Centers: Earl R. Harford, Jozef J. Zwislocki, John Donald Harris, Robert C. Bilger, Jack L. Bangs, Chairman.

History of Association: James F. Curtis, Dorothy Kester, H. Koepp-Baker, Robert William West, James Carrell, Chairman.

White House Conference on Children and Youth: Richard Hendricks, Parley W. Newman, Richard L. Schiefelbusch, John H. Wiley, Darrel J. Mase, Chairman.

White House Conference on Aging: Mary Wehe Huber, Atwood Hudson, Parley W. Newman, Alfred J. Sokolnicki, D. E. Morley, Chairman.

Liaison Subcommittee to the American Hearing Society: William H. Canfield, Jon Eisenson, Howard B. Ruhm, Kenneth O. Johnson, Moe Bergman, Chairman.

Liaison Subcommittee to the American Association on Mental Deficiency: Ross H. Copeland, Helen M. Donovan, Victor P. Garwood, Edgar L. Lowell, Seymour Rigrodsky, Bernard B. Schlanger, Mack D. Steer, Richard L. Schiefelbusch, Chairman.

Liaison Subcommittee with Hearing Aid Industry Conference: Hayes A. Newby, Jack Rosen, John H. Gaeth, Chairman.

ASHA REPRESENTATIVES

American Psychological Association: Joseph Sheehan.

American Association for the Advancement of Science: Mildred C. Templin.

White House Conferences: Parley W. Newman.

ACCOUNTANT'S REPORT

HENRY S. OWENS & Co.
Certified Public Accountants
1001 Connecticut Ave., N. W.
Washington 6, D. C.

The Executive Council
American Speech and
Hearing Association

We have audited the books and records of the American Speech and Hearing Association, 1001 Connecticut Avenue, Northwest, Washington, D. C., for the year ended December 31, 1959. The attached Condensed Exhibits and Schedule were prepared from the Report of Audit as submitted in detail under separate cover and consist of the following:

Exhibit "A": Condensed Balance Sheet as at December 31, 1959.

Exhibit "B": Condensed Statement of Operations—for the year ended December 31, 1959.

Schedule "I": Grants from United States Office of Vocational Rehabilitation and Veterans Administration.

CERTIFICATE

Our examination was made in accordance with generally accepted auditing standards applicable in the circumstances, and included such tests of the accounting records and supporting data and such other procedures as we deemed necessary.

In our opinion, the annexed Balance Sheet and the related statement of operations present fairly the position of the American Speech and Hearing Association as at December 31, 1959, and the results of its activities for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

(Signed) HENRY S. OWENS AND COMPANY
Washington, D. C. By Winifred D. Owens
April 12, 1960 Certified Public Accountant

Exhibit "A"

AMERICAN SPEECH AND HEARING ASSOCIATION

Condensed Balance Sheet

As at December 31, 1959

Assets

Cash	$ 84,993.21
Accounts Receivable—Net of Reserve	3,722.04
U. S. Government Bonds—Face Value	15,000.00
Equipment—Net of Depreciation	9,999.47
Leasehold Improvements—Net of Amortization	98.56
Due from American Speech and Hearing Foundation	1,178.32
Other Assets	1,578.06
Total Assets	$116,569.66

Liabilities and Equity

Accounts Payable	$ 2,649.55	
Due to American Speech and Hearing Foundation	5.54	
Payroll Taxes Payable	1,932.64	
Employees Retirement Fund	2,548.08	
Total Liabilities		$ 7,135.81
Advance Payments of Dues and Subscriptions		17,885.00
Unexpended Grant from United States Office of Vocational Rehabilitiation		23,708.27
Equity:		
Balance, January 1, 1959	50,542.38	
Add:		
Excess of Income over Expenses for Year ended December 31, 1959	15,867.64	
Reimbursement for 1958 Expenditures on V. A. Research Project	1,430.56	67,840.58
Total Liabilities and Equity		$116,569.66

Exhibit "B"

AMERICAN SPEECH AND HEARING ASSOCIATION

Condensed Statement of Operations

For the Year Ended December 31, 1959

Income

Association Dues	$79,107.91	
Certification Fees	9,900.00	
Publications	24,254.60	
Interest	1,475.50	
Convention—1959—Net	8,598.33	
Addressograph Services	864.87	
Miscellaneous	42.74	$124,243.95

Expenses

Undistributed Salaries	$29,043.70	
Publications	38,042.60	
Committee on Clinical Certification	8,295.21	
Stationery and Supplies	7,199.07	
Rent	5,040.00	
Extension Activities	2,911.18	
Postage	2,429.57	
Travel	2,348.87	
Committee Expenses	2,112.84	
Miscellaneous	1,806.65	
Telephone and Telegraph	1,517.08	
Employees Retirement Plan	1,274.04	
Taxes—Payroll and Other	2,068.41	
Depreciation	1,067.64	
Professional Services	1,590.04	
Addressograph	642.39	
Bad Debts	340.35	
Repairs and Maintenance	307.74	
Insurance	268.48	
American Speech and Hearing Foundation	70.45	108,376.31
Excess Operating Income for the Year 1959		$ 15,867.64

Schedule "I"

AMERICAN SPEECH AND HEARING ASSOCIATION

Grants from United States Office of Vocational Rehabilitation and Veterans Administration

For the Year Ended December 31, 1959

	V. A. Research in Cooperation with O. V. R.	
Funds Receiver, January 1 to December 31, 1959		$ 2,601.70
Deduct:		
Direct Expenditures and Expenses Allocated:		
Personnel	$ 56.00	
Travel and Per Diem	1,115.14	
Publishing—Interstate Printers		1,171.14
Reimbursement for 1958 Expenditures		$ 1,430.56

	O. V. R. Grants*	
Funds Received, January 1 to December 31, 1959		$70,872.76
Deduct:		
Direct Expenditures and Expenses Allocated:		
Personnel	$25,300.44	
Travel and Per Diem	11,884.39	
Equipment	1,622.47	
Supplies and Equipment Rental	1,412.38	
Rent, Publications and Communications	3,359.81	
Publishing—Interstate Printers	3,585.00	47,164.49
Unexpended Balance—December 31, 1959		$23,708.27

*Includes completed Grants Numbered 29-59, 157-59, 350 and uncompleted Grant Number 157-60.

ACCOUNTANT'S REPORT

The Executive Council
American Speech and
Hearing Foundation

We have audited the books and records of the American Speech and Hearing Foundation, a fund of the American Speech and Hearing Association for the year ended December 31, 1959, and submit herewith our report.

CERTIFICATE

We have examined the Balance Sheet of the American Speech and Hearing Foundation as at December 31, 1959, for the year then ended. Our examination was made in accordance with generally accepted auditing standards applicable in the circumstances, and included such tests of the accounting records and supporting data and such other procedures as we deemed necessary.

In our opinion, the annexed Balance Sheet presents fairly the position of the Foundation as at December 31, 1959, and the results of its activities for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

(Signed) HENRY S. OWENS AND COMPANY
Washington, D. C. By Winifred D. Owens
April 12, 1960 Certified Public Accountant

AMERICAN SPEECH AND HEARING FOUNDATION

Balance Sheet

December 31 1959

(Subject to the comments in the text of this report)

Assets

Current Assets:			
Cash, Bank of Commerce:			
Checking	$7,662.70		
Saving	4,818.74	$12,481.44	
Due from American Speech and Hearing Association		5.54	$12,486.98
Other Assets:			
Zenith Radio Corporation Stock (Market Value, December 31, 1958)			1,005.00
TOTAL ASSETS			$13,491.98

Liabilities and Unexpended Funds

Liabilities:					
Due to American Speech and Hearing Association					$ 1,178.32
Unexpended Funds:					
	General	United Cerebral Palsy Fund	Zenith Fund	Hearing Aid Industry Conference Fund	
Balance, December 31, 1958	$ 997.10	$2,500.00	- 0 -	- 0 -	
Add, Fund Receipts	5,075.73	5,000.00	$2,528.50	$1,000.00	
	6,072.83	7,500.00	2,528.50	- 0 -	
Deduct, Scholarship Disbursements	2,287.67	2,000.00	500.00	- 0 -	
Balance, December 31, 1959	$3,785.16	$5,500.00	$2,028.50	$1,000.00	12,313.66
TOTAL LIABILITIES AND UNEXPENDED FUNDS					$13,491.98

Monitor E-5
SPEECH TRAINING AND CORRECTION

Actually 2 Tape Recorders in 1

Designed specifically for clinician use, the MONITOR E-5 has added a new dimension to speech training and correction work. The E-5 performs all functions of standard recorders, which alone would make it a valuable tool in the clinic. To this, the E-5 adds *dual channel tape recording*, a patented feature of ETL engineering.

The E-5 is simple to operate, without moving parts to cause distraction. All operating functions are handled with just two control switches, and tapes are contained in tamper-proof cartridges.

Dual channel recording makes it possible for the patient to hear and repeat prerecorded stimulus material. The exercise material is on a non-erasable channel, patient responses are recorded on a second and erasable channel. Thus the same stimulus material can be used over and over again by many patients, without damage to the quality and amplification of the original recording.

The E-5 has been designed to assist the clinician in speech training and correction work. A basic library of prerecorded exercise tapes and coordinated text material is available for use with the machine. Eighteen months of intensive field testing has proven the value of the E-5 for: independent patient practice, clinician directed practice, clinician observation, and alternate patient practice where two patients work at the same machine recording and criticizing each other's work.

Complete research reports and additional information about the E-5 are available on request.

"The Next Voice You Hear..."

A new color and sound film which reveals clinical applications of the E-5 in schools, hospitals and treatment centers. The simplicity, versatility and reliability of the Monitor E-5 is vividly illustrated by speech clinicians working with many types of patients.

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Clinical and Educational Materials

PUBLICATIONS AND REPRINTS

AN INTRODUCTION TO THE VOCATIONAL REHABILITATION PROCESS, A manual for orientation and in-service training. Edited by John F. McGowan. This publication is compiled from proceedings of Guidance, Training and Placement Workshops, also Orientation Training Syllabus for Vocational Rehabilitation Counselors, and the Gatlinburg Workshop, November 1960.

This is the third in a series of bulletins developed by personnel of State Vocational Rehabilitation agencies and the Federal Office of Vocational Rehabilitation in the Guidance, Training and Placement workshops that have been conducted over the past thirteen years.

Included in the 201 page manual are: *Part I*, Introduction and Background; *Part II*, The Rehabilitation Client Study Process; *Part III*, Client Services; *Part IV*, Other consideration in Rehabilitation Counseling; *Appendix I*, Case Abstracts; *Appendix II*, Guidelines for Counselor In-Service Training.

References and selected reading are listed at the end of each sub-topic discussed under the four main headings. Publication may be obtained from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D.C., at $1.00 per copy.

Previous bulletins in the series are: (1) *Case Work Performance in Vocational Rehabilitation;* Superintendent of Documents, $.25. (2) *The Placement Process in Vocational Rehabilitation Counseling;* Superintendent of Documents, $.35.

DEAFNESS: NEW APPROACHES, Seven articles reprinted from *Rehabilitation Record* (November-December 1960). U.S. Department of Health, Education and Welfare Office of Vocational Rehabilitation.

REHABILITATION RECORD, Official publication of Office of Vocational Rehabilitation. It includes articles covering the various activities of OVR in research and selected demonstration projects, training programs, extension and improvement projects; summaries from speech institutes and conferences, sponsored or supported by OVR; and activities by State Agencies involved in the public program.

Individuals choosing to receive the *Record* regularly, may subscribe by sending $1.75 for six issues to Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Checks and Money Orders are to be made out to "Superintendent of Documents."

TRANSLATIONS

Kamieth, H. Comparative Roentgenological Examinations of the Esophageal Speech of Laryngectomees. *Radiologia Clinica* 28:88-101, 1959. Translation of: Vergleichende rontgenologishce Untersuchungen bei der Osophagussprache Kehlkopfloser. Photostat: $3.30; Microfilm: $2.40.

Pellegrini, V. M., Ragaglini, Giorgi. Research on phonation of laryngectomized patients. Extract from *Bollettino delle malattie dell'orecchio, della gola, del naso* 69:506-509, 1951. Translation of: Ricerche sulla fonazione die laringectomizzati. Photostat: $1.80; Microfilm: $1.80. 4 pages.

Ragaglini, C., Teramo, M., Micheli-Pellegrini, V. Further cineradiograph research in the study of the phonation of the laryngectomized patient. Extract from: *Nuntius Radiologious* 22:156-163, 1956. Translation of: Ulteriori ricerche rontgencinematografiche nello studio della fonazione de laringectomizzati. Photostat: $1.80; Microfilm: $1.80 5 pages.

Schlosshauer, B. and Mockel, G. Interpretation of roentgen sound films made of esophageal speakers. *Folia Phoniatrica* 10:154-166, 1958. Translation of: Auswertung der Rontgentonfilmaufnahmen von Speiserohrensprechern. Photostat: $3.30, Microfilm: $2.40, 13 pages.

Seeman, M. Contribution to the pathology of the esophageal voice. *Folia Phoniatrica* 10:44-50, 1958. Translation of: Zur Pathologie der Osophagusstimme. Photostat: $1.80. Microfilm: $1.80. 7 pages.

Storchi, O. F., Micheli-Pellegrini, V. Concerning the recurrent nerve innervation in the laryngectomized patient. Extract from: *Bolletino della gola, del naso* 77:3-14, 1959. Translation of: A proposito dell'innervazione ricorrenziale del muscolo cricofaringeo e della sua importanza nella fonazione dei laringectomizzati. Photostat: $1.80; Microfilm: $1.80; 8 pages.

Weiha, H. The influence of contiguous kinetic (motile) systems upon the production of esophageal speech. (*Arch. fur Ohren-, Nasenund Kehlkopfheilkunde* 173: 529-533, 1958.) Translation of: Der Einfluss benachbarter Bewegungssysteme auf die Hervorbringung der Oesophagussprache. Photostat: $1.80; Microfilm: $1.80; 4 pages.

These translations will be available from S.L.A. Translations Center, The John Crerar Library, 86 East Randolph Street, Chicago 1, Illinois.

The Center's services are free and the only cost involved is the copying charge. These copies may also be borrowed for two weeks, free of charge. They will be listed in *Technical Translations*, a twice a month publication of the Office of Technical Services of the U.S. Department of Commerce. The S.L.A. Translations Center is responsible for collecting translations from nongovernment sources, both domestic and foreign.

EDITOR'S NOTE: The above contribution was submitted by William M. Diedrich, University of Kansas Medical Center, with the suggestion that others in the profession will take advantage of this service and supply translated material to them.

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- *INDEX TIMER* helps you to quickly and precisely locate any passage on the recorded tape!

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AUDIO-VISUAL MATERIALS

MENTAL HEALTH MOTION PICTURES, A SELECTIVE GUIDE, 1960, A total of 375 motion pictures which are being used in mental health programs are listed in this comprehensive guide. Information given for each film, listed alphabetically, includes a short description of the content, suggested audience, year produced, principal distributor and producer. In addition, the guide includes notes abbreviated from an article entitled, "The Use of Films for Mental Hygiene Education," by Milton Miles Berger, who for many years, developed programs and led film discussions for the Association for Improvement of Mental Health, a local mental health organization in New York State.

Published by the U.S. Department of Health, Education and Welfare, this film guide is available from Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Public Health Publication #25, $.35.

SPEECH DEFECT RECOGNITION, Louis J. La Borivit, Remedial Speech Teacher, Fairfax County Public Schools, Virginia, 1960.

The author discusses (1) articulation problems, (2) rhythm problems, (3) physical problems such as cleft palate and palsy, (4) voice problems and (5) hearing problems. Each area is illustrated with the sounds of speech defective children.

This audio-library, which contains a series of lectures and manual for use by elementary school faculties, is designed to increase the classroom teacher's comprehension of the extent, nature and method of evaluating speech disorders that may be found among school children. It should be of inestimable value to teachers who have little or no information regarding the speech difficulties of children. Its use is especially recommended in school districts that do not have the services of a professional therapist.

These "Sounds of Learning" are available either on 33 1/3 rpm records, or single track 33 3/4 ips tapes. The price is $50.00 per set of four. All presentations have been recorded exclusively for the Opinion Institute and are available at Opinion Institute, Post Office Box 1048, Omaha 1, Nebraska.

BIBLIOGRAPHY

Joseph Wepman, of The University of Chicago, has recently published a most useful selected bibliography of some 1000 titles collected from over 300 different journals on the subject of the after effects of brain impairments. It contains separate sections on aphasia in adults and children; theories of brain structure and function; personality changes after impairment; the differential diagnosis of organicity; localization of function in the cortex; psycho-linguistics and rehabilitation. Copies can be obtained by writing the publisher.—Language Research Associates, Box 95, 950 E. 59th St., Chicago 37, Illinois.

Readers are urged to contact Vivian I. Roe, Department of Speech, Alabama College, Montevallo, Ala., Associate Editor of CLINICAL AND EDUCATIONAL MATERIALS if they have information of pertinence to this Department.

News and Announcements

INSTITUTIONAL

Awards are available to individuals through the traineeship program of the Public Health Service, U. S. Department of Health, Education and Welfare. The objectives of this training program are to increase the number of trained public health personnel and to bring new people into the public health field.

All categories of professional health personnel except nurses are eligible to apply. Applicants must have completed their basic professional education—usually this will mean a Bachelor's or higher degree. The applicant must have been accepted by the training institution of his choice for the program of study proposed. Younger qualified applicants will be given preference. Other factors considered include: scholastic achievements, proposed training program, plans for using the training provided, a shortage of personnel in the candidate's field, and geographic distribution of traineeships.

Stipends are determined by the highest academic degree held by the individual and the number of his dependents. Transportation, tuition, and fees are also paid. The traineeships are awarded for the period required for program of study, but in no case to exceed twelve months.

All inquiries concerning the program should be sent to: Chief, Division of General Health Services, Bureau of State Services, Public Health Service, U. S. Department of Health, Education and Welfare, Washington 25, D. C.

The Menorah Home and Hospital for the Aged and Infirm, Brooklyn, New York, has established a Speech and Hearing Clinic to serve the needs of residents at the Home with communication disorders. Over 400 persons above the age of 65 are in full-time residence. Maurice H. Miller will direct the Speech and Hearing Clinic at Menorah. The hearing of every resident will be evaluated and auditory rehabilitation provided. Aphasia following cerebro-vascular accidents and speech problems associated with Parkinson's disease are the major problems requiring speech rehabilitation at the present time.

A second international course in paedo-audiology will be presented at Groningen University, The Netherlands, June 13-16, 1961. The Royal Institute for the Deaf and the Institute for the Hard of Hearing will cooperate in the presentation of this course on the problems of the hearing handicapped child. Particular emphasis will be given to the educational treatment of the young child. The course is subsidized by the World Health Organization and UNESCO. The official language is English. The fee for the course is 60 Dutch guilders. Any person interested in participating in the course is requested to send his application to: Professor Dr. H. C. Huizing, Audiology Department, University Hospital, Groningen, Holland.

"The Neurological Examination of the Newborn" is a new professional film developed by the National Institute for Neurological Diseases and Blindness. This film was recently awarded a diploma by the 14th general assembly of the World Medical Organization in recognition of its "excellent standing among the medico-scientific teaching and past graduate training films of the world."

A new program to support research training in neurosurgery has been announced by the Surgeon General of the U. S. Public Health Service. These post-graduate training grants should help to fill the need for qualified teachers and investigators in neurosurgery. This is another phase in the development of post-graduate research training in medical specialities by the NINDB.

The new Samuel Gertz Speech and Hearing Center, Queens College, New York was dedicated on March 8, 1961. The Center is part of the Charles S. Colden Speech and Music Center, which was dedicated on March 7, 1961. In addition to Jon Eisenson, Director of the Speech Center, participants in the dedication program included: Magdalene Kramer, Louise Gurren, Robert West, Elmer E. Baker, Marie Fontana, and Beatrice Stocker.

Northwestern University has recently completed construction of a new wing on its Speech Annex Building. This will increase by 3000 sq. ft. the space allocated to audiology and the Institute for Language Disorders. This addition brings the total space at Northwestern University for Research, Clinical and Educational Audiology to 10,000 sq. ft.

In California a legislative bill has been introduced which would restrict the use of hypnosis to physicians, dentists, and psychologists in the treatment of medical problems. Under this proposal, only California's recognized medical schools, dental schools, and certain universities and colleges offering majors in psychology would be permitted to have hypnosis taught by qualified faculty members. Violations of the law would be punishable as a misdemeanor.

A group of 25 audiologists attended a Workshop on Deafness at Gallaudet College in February, 1961. The workshop was sponsored by the College under a grant of $6,815 from the U. S. Office of Vocational Rehabilitation. The purpose of the four-day meeting was to assist the participants in their understanding of the special problems and the modern techniques in the audiological, psychological, educational, and social assessment and treatment of those with a severe hearing loss. Robert Frisina, Director of the Gallaudet Hearing and Speech Center served as Director of the workshop. In addition to several members of the Gallaudet faculty, the workshop faculty included: S. Richard Silverman, Marjorie Magner, Robert Goldstein, Margaret Kent, Kenneth Altschuler, and Edna S. Levine.

The Eighth annual conference on Speech and Hearing Disorders was held at Louisiana State University, March 6-8, 1961. G. Paul Moore, Associate Professor at Northwestern University, was the guest lecturer on the topic of "Voice Disorders."

ORGANIZATIONAL

The National Office recently received a letter from Louis M. Orr, Chairman of the American Medical Association's Commission on the Cost of Medical Care. The formation of this committee and the request made by Orr may be of interest to many members. Those having information of value to the commission may forward it to: Orr, c/o A.M.A., 535 North Dearborn Street, Chicago 10, Illinois.

"At its June, 1960 meeting, the House of Delegates of the American Medical Association approved an earlier action of the Board of Trustees establishing a Commission on the Cost of Medical Care.

"This Commission will attempt to identify and assess the significance of the causal factors involved in determining the prices of and expenditures for the individual components of medical care.

"The Commission will: (1) review and evaluate pertinent studies completed or in progress; (2) suggest or initiate additional research studies on medical care costs and expenditures;

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(3) endeavor on a continuing basis, to improve the understanding of physicians and individual citizens concerning the factors determining the medical care prices and expenditures; and (4) report its findings and make appropriate recommendations. It is estimated that about three years will be required for the Commission to complete its work.

"The Board of Trustees of the American Medical Association is acutely aware that such an enormous task cannot be accomplished satisfactorily without the assistance and cooperation of all groups within the medical field. Therefore, I would like, at this time, to solicit your assistance and cooperation. Specifically, we would like to have any information—studies, publications, critiques, surveys, etc.—on medical care costs which, in your opinion might be of value to the Commission.

"We are certain that substantial amounts of data have come to your attention or has been gathered by your organization in this field. We hope that the information, which you supply us with, or refer us to, will eliminate unnecessary duplication of effort by the Commission. If you have any information concerning studies on medical care costs that are in progress or in the planning stage, we would like to be apprised of it.

"I shall appreciate your informing the members of your organization about the Commission and its purposes, so that no valuable sources of information will be overlooked. We would also welcome your suggestions as to other individuals or organizations which we should contact for assistance.

"We hope you can begin sending us information soon and that you will do this on a continuing basis as you come across other data that might be valuable to the Commission. If I can supply you with additional information as to the needs or purposes of the Commission, please do not hesitate to contact me."

A new publication, "Exploring the Brain of Man," has been issued by the 13-member groups of the National Committee for Research in Neurological Disorders. This 28-page book describes present scientific research relating to the prevention and treatment of sensory and neurological disorders. Copies for general lay distribution are available from: A. B. Baker, Chairman of the Committee, University Hospitals, University of Minnesota, Minneapolis, Minnesota.

Speech and Hearing—Easter Seal Services was the subject of a recent memorandum sent to all Executive Directors of State member societies of the National Society of Crippled Children and Adults, Inc. All societies were informed that present ASHA standards for personnel require that diagnosis be done by persons holding, or eligible for, advanced certification. Societies which employ persons holding basic certification, must arrange supervision by a person with advanced certification.

The nonprofit organization, Medic-Alert, has recently expanded its program of medical safety to include the needs of laryngectomees. Its educational material has been revised to include information regarding safety and first aid for "neck breathers." The term "neck breathers" was adopted to signify laryngectomees on the recommendation of the Safety Committee of the International Association of Laryngectomees. The committee believes that this reference would be more easily understood by the general public. First aid demonstration teams of affiliated clubs have been urged to use the term and to promote its use among public safety units.

George T. Pratt, principal of the Clarke School for the Deaf, was re-elected President of the Alexander G. Bell Association for the Deaf at the annual meeting of the Board of Directors. Other officers re-elected were Helen S. Lane, first vice-president; June Miller, secretary; and H. F. Hoskinson, treasurer. Plans were made for a Regional Meeting to be held in Fort Lauderdale, Florida, October 27-28.

A schedule of eight regional conferences for 1961 has been announced by the national planning committee of the United Cerebral Palsy Association. Beginning with a Pacific regional conference in San Mateo, California in February and ending with a New England conference in Providence, Rhode Island, May 26-28, these conferences will take the place of the customary three-day annual national UCPA conference. The regional conferences are expected to reach a wider audience of parents and affiliate members. It is expected that the same exchange of professional and service information will be accomplished at a reduced cost. Nationally known figures in the fields of health and welfare will participate in all eight conferences.

The California Hearing Aid Dealers Association has been active in many areas during this past year. In November, 1960, representatives of the group made a second appearance before the California State Senate Fact-Finding Committee on Public Health and Safety. As a result of their testimony and months of work, the legislation for licensing of hearing aid dealers has been "contained." In December, the CHADA representatives met with the Bureau of Public Charities in Los Angeles County to institute a pilot program to assist in adjucating problem cases involving hearing aid dealers and pension clients. Fact Sheets are being prepared for distribution to every county in the State. These Fact Sheets will list suggestions as to what a client should know when he is about to select a hearing aid. An educational program for hearing aid dealers has been begun at Los Angeles State College and further public education programs are being planned. Finally, a CHADA judicial committee has been established to evaluate violations of the code of ethics and other unethical practices. Fair and equitable hearings have been held in every case. These varied activities represent an effort by CHADA "to consolidate the good efforts that will preserve and build the reputation and stature of the industry."

A new television series, Totem Club, for deaf and hard of hearing children had its premiere in Chicago in January, 1961. Two 15-minute programs are presented each Monday over WTTW (Channel 11). Cooking and handicrafts are the topics discussed and demonstrated each week. The producer of the series, Rachel Stevenson, was inspired by her observations of special programming for hearing handicapped being presented by BBC. A special advisory committee composed of Mary Thompson, Chicago Hearing Society; Edith Munson, Chicago Public Schools; Marion Quinn, Chicago Catholic Schools; and Nina Badenoch, NSCC, have aided in the development of the series.

The annual meeting of the President's Committee on Employment of the Physically Handicapped was held April 27-28 at the Departmental Auditorium, Washington, D. C. A fact sheet, issued by the N.E.P.H. Committee earlier in the year, indicated that the U. S. National Health survey found that one in every ten U. S. citizens has a disability that limits his normal activities. It also indicated that one in five families with incomes of less than $2,000 a year suffered a disability, while only one in fifteen families with incomes of over $7,000 were so hit. The committee estimates that 270,000 Americans become disabled annually to a degree requiring vocational rehabilitation. In recognition of the enormity of the problem of mental retardation and mental illness, the committee has incorporated the employment of the mentally and emotionally handicapped into the N.E.P.H. program.

State-federal rehabilitation programs have rehabilitated 88,300 persons in 1960. About 75% of these had previously been unemployed. About 20% had been receiving public assistance. In their first year of work after rehabilitation, the group had average earnings of over $70 million. The committee estimates that within a few years they will repay the federal investment in their rehabilitation.

Sounding Board

News of Interest in the Field of Noise Control

Thousands of IAC Audiometric and Medical Research Rooms Selected for Valid Assessment of Hearing Levels

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In biological research, standard IAC Rooms were selected to exclude extraneous noise in an electrophysiological study of the cochlear microphonics and auditory nerve action potentials of cats and guinea pigs as recorded directly from the inner ear in response to sounds of known frequency and intensity.

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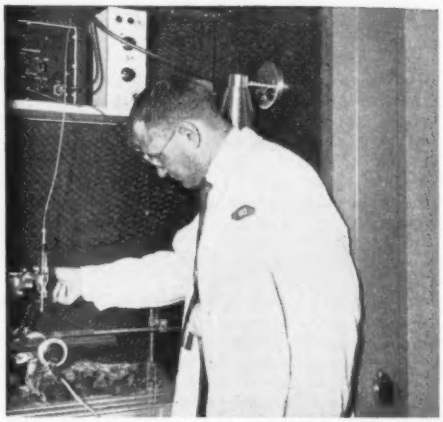
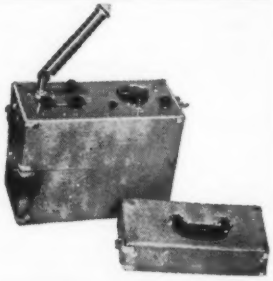


Electronic apparatus installed in an IAC Sound Isolation Room measures the effects of drugs on the auditory response of cats.

Sound Analyzer Also Calibrates Audiometers

The new Rudmose R.A. #100 Sound Analyzer designed for measurement of noise and its analysis is also equipped with an earphone coupler for fast and simple checking of accuracy of calibration of audiometers. As shown in the photograph, the earphone coupler (attached to the Sound Analyzer microphone) transmits audiometer signals into the analyzer for checking. Circle 62.



New literature available:

Information on construction of complete Audiology Clinics, Research Centers. Circle 63.

Complete Data on Hearing Conservation Programs. Circle 64.

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May 26-27, 1961, The Michigan Speech and Hearing Association will hold its Spring Workshop at East Lansing, Michigan.

March 3-4, 1961, The Oregon Speech and Hearing Association held its annual Spring meeting at Surftides, Oceanlake, Oregon.

Thirteen national organizations have joined together to form the new Educational Media Council. The Council was formed at a meeting on the Michigan State campus. Its purpose is to coordinate the efforts of professional and trade associations in the fields of films, television, and books in the interests of better service to American education. The first major project of the group will be the preparation of a national directory of the newer educational media. No directory now exists for the thousands of films, kinescopes, filmstrips, slides, pictures, recordings, and tapes which are valuable for educational use. Chairman of the new group is Charles F. Schuller, Director of the Audio-Visual Center at Michigan State.

PERSONALS

On January 25, 1961, **Sue Earnest,** Chairman of the Speech Department, San Diego State College, was named "Woman of the Year" by the Women's Service and Business Clubs of the San Diego area. The award was given "for her distinguished professional achievements and her many contributions to community life." She has been at San Diego State as a teacher since 1947; director of the Speech and Hearing Clinic since 1952; and chairman of the Speech Department since 1959.

Jon Eisenson has been appointed to serve as a member of the Special Education Advisory Committee for the United Cerebral Palsy Association.

Duane C. Spriestersbach, Professor of Speech Pathology, University of Iowa, is President-elect of the American Association of Cleft Palate Rehabilitation, which is holding its 19th Annual Convention in Montreal, May 4-6, 1961.

George Von Bekesy of the Harvard Psychoacoustic Laboratory will present a one-week course in "The Physiology of the Ear" at the University of Minnesota during June, 1961.

NECROLOGY

Dorothy Edna Holland died on December 20, 1960. She had served as consultant in Speech and Hearing in the Nebraska State Department of Education since 1952. She received both the BS (1939) and MA degrees (1942) from the University of Nebraska.

Edward T. Jordan, Associate Professor of Speech Education and Supervisor of Hearing Therapy, Indiana State College, Terre Haute, Indiana, died on December 26, 1960. Jordan received the BA (1923), LCST (1944), and BA (1946) degrees from London University. He had been on the staff at Indiana State since 1947.

RESEARCH GRANTS AND AWARDS

The U.S. Department of Health, Education, and Welfare and the National Institutes of Health have awarded a three-year grant of $52,358 to the public schools of Wellesley, Massachusetts. **Gertrude L. Wyatt** will coordinate this research project which is for the Study and Treatment of Children with non-organic language disorders (stuttering and defective articulation).

The Gustavus and Louise Pfeiffer Research Foundation, New York, has announced a grant in aid of $34,500 to The Training School at Vineland, New Jersey, to establish a biochemical laboratory for research in mental retardation. The primary purpose of the laboratory will be to investigate metabolic and endocrine dysfunctions which may result in mental retardation. The new biochemical division and staff will be under the supervision of **John Clausen,** Research Administrator for the school. Clausen stated, in commenting on the award, "Traditionally the research efforts at the Training School have been in the area of psychology. The importance of this grant is that the establishment of this biochemical laboratory represents the first step toward a multi-disciplinary research program." Among other current research programs at the Training School are the ability Structure Project, a five-year study supported by NIH, which is an attempt at reclassification of mental retardation on a functional basis; a N.S.F. sponsored project of pure electro-physiology involving electrical stimulation of the eye; and a study in recording of autonomic functions in brain-injured children.

On March 9, 1961, **Luthur L. Terry,** Surgeon General of the Public Health Service, announced that the National Institutes of Health had completed 64 grants totaling $1,427,883 to private institutions for research in various aspects of aging. These grants have been awarded to investigators in 25 states, the District of Columbia, and one to the University of Capetown, Rondebosch, South Africa. Twenty-three ($389,729) of the grants are continuations of previous projects. Forty-one ($1,038,154) are new grants. Included in the new awards is one to Brown University, Providence, R.I. This grant provides for the establishment of a university-wide center to study the socio-economic factors associated with aging and to assess the relationship between these factors and the medical and biologic aspects of aging. This award to Brown University is the fifth grant made by the P.H.S. since 1957 for inter-departmental research programs in aging. Other institutions with similar grants are Duke University, A. Einstein College of Medicine, Western Reserve University, and the University of Miami School of Medicine.

Readers are urged to contact Dorothy D. Craven, Speech Clinic, University of Maryland, College Park, Md., Associate Editor of NEWS AND ANNOUNCEMENTS, if they have information of pertinence to this Department.

Your Committees in Action

AMERICAN SPEECH AND HEARING CERTIFICATION AWARDED

March 1, 1961

The following members were awarded certification March 1, 1961. Certification awards will be printed in *Asha* 3 times annually following the official certification dates of March 1, July 1, and November 1.

Abramson, Annette A. BS-Prov.
Alyea, Lorene E. ....BH-Prov.
*Anderson, Elwood G. ....BS
Apolinsky, Sandra R. .....BS
Ashmore, Lear L. ....Spon-Sp
Baer, William Peter .....BS
Bagley, Barbara A. .....BS
Becker, Leonard Victor ....BS
Berlin, Charles I. .....AS
Bernstein, Gertrude Mae BS-BH
Beyer, Dula D. .....BS-Prov.
Blanton, Harry J. ....BH-Prov.
Bleiberg, Aaron H. .....AS
Blum, Arthur M. .....AS
Bond, Jean M. .....BS-Prov
Borghi, Robert W. BS, Spon-Sp
Boudreaux, Jean Rose
.....BS-Prov, BH-Prov
Bragg, Vernon C. .....AH
Bralley, R. C. BS-Prov, BH-Prov
Brooks, Virginia .....BS
Burgi, Ernest J. .....AH
Burroughs, Glenn R. .....BS
Burton, Vivian .....BS-Prov.
Bush, Mary Lou .....BS
Butler, Marlynn Hamilton ..BS
Cacheris, Sally A. .....BS
*Callaci, Charles A. .....BS
Carraway, Betty J. ....AS, BH
Carroll, Sister Patricia BS-Prov
Chailkin, Joseph B. .....AH
Christensen, Ned Jay .....BS
Clark, Arlene B. .....BS-Prov
Cook, Juanita Whitney ....BS
Cook, Sandra H. .....BS
Cooper, Eugene B. .....AS
Cooper, Marcia H. ...BS-Prov
Copas, Dorothy F. .....BS
Covington, Elizabeth ..BS-Prov
Cowan, Dorothy Roberts ...BS
Crouse, Mary Ellen ...BS-Prov
D'Andrea, Gerald A. ..BS, BH
Danzer, Virginia Lee .....BS
Darrow, Jean S. .....BS-Prov
DeLuca, Joseph .....BS-Prov
Devine, Monica C. .....BS
DeWitt, Sally .....BS
*Dewson, James H. .. ....BS
Dieterly, Beth L. .....BS
Dorsey, Gillian C. .....BS
Duncan, Richard A. ..BS-Prov
Durante, Marie M. .....AS
Egan, James J. .....BS
Eisenberg, Rita B. .....AH
Eisenstadt, Arthur A. .....AS
Enck, Clara Elizabeth BS-Prov
Eness, Margot B. ....BS-Prov
Ensley, Barbara J. ....BS-Prov
Estes, Judy BS-Prov, BH-Prov
Fisher, Charnya B. .....BS
Flanagan, Patricia Sue BS-Prov
Flory, Suzanne R. ....BS-Prov
Flum, Leonard .....BH-Prov
Formaad, William .....AS
*Friedman, Pacy AS, BH-Prov
Froimson, Phyllis P. ..BS, BH
Frost, Areta BS-Prov, BH-Prov
Garik, Natalie .....BS-Prov
Gerken, Waneta L. .....BS
Getlin, Jules P. .....Spon-Sp
*Gewirtz, Fred J. .....BS
Gilbert, Natalie H. .....BS
*Gillan, Nancy S. ....BS-Prov
Gilner, Maxine Winter .....BS
*Ginsberg, Harriet ...BS-Prov
Glickstein, Joan K. .....AS
Golata, Beverly V. .....BS
Goldfarb, Marilyn S. ..BS-Prov
Goldstein, Phyllis .....BS
Gollub, Ada E. .....BS
Gordon, Sara .....BS-Prov
*Granitz, David ..BS, BH-Prov
Gray, Burl B. .....BS-Prov
Greenfield, Susan F. ..BS-Prov
Hagle, Nancy .....BS
Hahn, Patricia A. .....BS
Hakes. Margaret E. .....BS
Hall, Patricia Keesee ..BS-Prov
Hancock, Johanna B. Spon-Sp
Harford, Earl R. .....AH
Harris, Robert .....BH
*Heller, Joyce Coffey .....AS
*Hess, Donald A. .....AS
Hillis, Carolyn BS-Prov,BH-Prov
Hird, Harry J. ..BS, BH-Prov
Hoberman, Shirley E. .....AS
Holland, William H. ..BS-Prov
Holman, Margaret W. .....BS
Holt, Margaret K. ....BS-Prov
*Horwitz, Betty .....AS
Hugghins, Marcia L. ..BS-Prov
Irwin, Florence Alance ....BS
Jacobs, Norma W. ....BS-Prov
Jesser, Margaret F. .....BS
Johnson, Betty H. .....BS
Johnson, Randolph Scott ...BS
*Johnson, Regina A. ..BS-Prov
Jones, Gael A. .....BS
Jordan, Sidney .....BS
Kaplan, Joan Katz .....BS
Kinney, Barbara Ann ..BS-Prov
Klein, Anna BS-Prov, BH-Prov
Klein, Edward D. .....BS
Kleinkauf, Kathleen M. ....BS
Koteles, Barbara Novak ....BS
Kramp, Diana J. .....BS-Prov
Kunze, Lu Vern H. ..Spon-Sp
Laub, Clarice Cleo ...BS-Prov
Lawrence, Telete Z. ..BS-Prov
Lee, Heddy M. .....BS, BH
*Leight, Gilbert ..BS, Spon-Sp
Lilly, David Joseph ...BS, BH
Loeffler, Donald L. ...BS-Prov
Ludden, Sister Mary A. ...BS
Lynch, Maureen T. .....BS
Maas, Roger .....AS
Mandell, Theodore .....AS
Marsh, Nancy Carol .....BS
Marshall, Marian .....BS
Massengill, R. M. ....BS-Prov
Matkin, Noel D. .....BH
Menzel, Otto J. .....AH
Meyerovitch, Louise .....BH
Moore, June E. .....BS
Morgan, Marian T. ..BH-Prov
Morris, Robert C., Sr.
.....BS-Prov, BH-Prov
Morrison, Eleanor B. .....BS
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Neugebauer, Freda W. ....AS
Niehuss, Barbara M. .....BS
Odom, Fredda D. ....BS-Prov
Oeftering, Brenda K. ..BS-Prov
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Paul, Leslie D. .....BS-Prov
Perry, June A. .....AH, BS
*Porch, Margaret M. .BS-Prov
*Prokes, Jerry E. ....Spon-H
Purdy, Rose M. .....BS-Prov
Purnell, Judith K. ....BS-Prov
*Putnam, Carolyn .....BS
Rappaport, Elaine ....BS-Prov
Rappoport, Jane S. ...BS-Prov
Redwine, Gerald Walter ...AS
Reed, L. Deno .....AS, AH
Reeves, Elizabeth W. .....AS
Richards, Lois C. ....BS-Prov
Rime, Lynn April .....BS
Rittenour, Marjorie ...BS-Prov
Rose, Marilyn .....BS
Rosenstein, Joseph
.....BS-Prov, BH, Spon-H
Ross, Carol BS-Prov, BH-Prov
Rubenstein, Elaine J. ..BS-Prov
Runyan, Doris S. .....BS
*Sak, Joyce M. .....BS
Sanders, Donald J. ...Spon-Sp
Sanders, Jay W. .....AS
Sanders, Margaret A. .....BH
Sapin, Dan P. .....BS-Prov
Sauber, Kitty F. .....BS
Schimke, Jean R. .....BS
Schulte, Joan F. .....BS-Prov
Schultz, Anne D.
.....BS-Prov, BH-Prov
Schulze, F. K. ...BS, Spon-Sp
Schuster, Martha L. .....BS
Schwadron, Gladys .....BS
Schwartz, Joan A. ....BS-Prov
Scudder, Emily Rebecca ...BS
Shogren, Kathleen Marie ..BS
Showalter, Robert G. .....BS
Sibille, Claudette B. .....BS
Silcox, Bud L. .....BS
Silverman, Franklin ..BS-Prov
Singer, Phyllis
.....BH-Prov, Spon-Sp
Sklar, Maurice .....AS
Slaughter, Alan L. .....BS
Slipakoff, Ethel Levin .....BS
Smith, Curtis Reid ....BS-Prov
Smith, Eugene C., Jr. Spon-Sp
Snyder, Dawn M. .....BH
*Sokol, Ann H. .....BS-Prov
Sokol, Betty Baldessari ....BS
Solomon, Beverly .....BS
Soper, Joyce A. .....BS-Prov
Spies, Carl C., Jr. ....BH-Prov
Stanley, Beverly A. .....BS
Starr, Clark D. ..BH-Prov, AS
Stassi, Eugene J. ..BS, Spon-Sp
Steine, Marilyn P. ....BS-Prov
Stoddard, Merle N. ..BS-Prov
Stromsta, Courtney .....AH
Stuart, Frank J. .....BS-Prov
Summers, Janet .....BS-Prov
Sutherland, LaVerne Deel ..AS
Tennessen, Ruth A. ..BS-Prov
Trower, Judith W. ...BS-Prov
Ulrich, Sandra R. .....BS
Van Cleave, Alice Fay ....BS
Ver Hoef, Niel .....BS
Viedrah, Beverly G. .....BS
Wagner, Verna C. .....BS
Walker, Margaret Ellen ....BS
Walker, Norma Grace .....BS
Watson, Karen Anne .....BS
Weinberg, Patricia G. .....BS
Welk, Ruth L. .....BS-Prov
Wheeler, Judith Kay ..BS-Prov
Whitaker, John V. ....AS, BH
White, Leta D. .....BS
Willbrand, Mary Louise ....BS
Willeford, Jack A. .....AH
Williams, William G.
.....BS-Prov, BH-Prov
Wilson, Dale Kenneth ....BH
Wolf, Herbert M. .....AS
Worthington, Don L. .....BS
Yantis, Phillip A. .....AH
Zimmerman, Jerome H. BS-Prov

*Additional steps must be taken before certification is complete, e.g. payment of membership dues or certification fees, etc.

Note: Abbreviations are: BS, Basic Speech; BH, Basic Hearing; AS, Advanced Speech; AH, Advanced Hearing; Spon-Sp, Sponsor Privilege in Speech; Spon-H, Sponsor Privilege in Hearing; BS-Prov, Basic Speech Provisional; BS-Prov, Basic Hearing Provisional.

Forum

PUBLIC SCHOOLS AND THE NEW STANDARDS

I have read "A Report to the Membership" in the March issue of *Asha*. It seems to me to be a clear, realistic presentation of some of the problems of the Association and profession. It also seems to be a reasonable and sound attempt to resolve some of these problems.

In addition to reading this report, I have listened to a great deal of discussion about the new membership proposals. Many of these discussions brought forth arguments which were to me, illogical and, in some cases, unsound. Although there were several different arguments represented in the discussions, I intend to address myself only to one of them. This one is concerned with the effect these new proposals will have on the public school clinician and his program of service.

Ten years of experience has amply demonstrated to me that many members of ASHA consider the public school clinician to be inherently somewhat less a professional when compared with clinicians who work in other settings. This attitude is regularly manifested at the annual ASHA conventions and is now apparent in many of the arguments I hear about the new membership and certification proposals. This professional rejection is, amazingly enough, being projected into the defense of the present two-level certification plan by the proclamation that, although the rest of the profession has need of higher and more uniform certification levels (including the Diplomate), the nature of public school work is such that it can be handled adequately by maintaining the Bachelor's as an allowable terminable degree. It is most paradoxical that after the many years I have heard some members of the Association decry the training of the school clinician now, with an opportunity to change the demands of the situation, many of these same individuals are interested primarily in maintaining the status quo.

This attitude of deprecation of the school clinician seems, to me, to contain at least two basic errors. The first error is the continuing over-generalization of the public school program as one with huge case-loads; minimumly trained clinicians, and minor speech problems with which to work. The facts are that the "public schools" no longer can be generalized with such assurance. There are differences between school programs which are clearly discernible and which are due far more recognition than has been afforded. Those of us in states which have regulatory limitation of case-load size; training standards which surpass the ASHA requirements for the Basic Speech Certificate; and therapists who are rapidly attaining the graduate degree, are growing weary of this continual parading of poor programs as representative of public school speech correction. There are most certainly some poor school programs; but all school speech services should not be identified by these examples.

A second basic error is embedded in this minimizing attitude and helps to sustain it. This one involves the serious perversion of the term *functional* as being almost synonymous with "simple" or "easy." Although I'm sure it isn't intentional, this perversion is being accomplished by the now almost routine procedure of coupling it with the term *minor*. Perseveration in this coupling of a value term with *one* of the etiological entities associated with speech defects has led to an extremely dangerous misinterpretation. This error is compounded by the fact that this coupling of terms is most often heard in attempts to convince us that one who works with "minor, functional" problems has less need for the training which is regarded as appropriate for the competent speech clinician. When the misinterpretation has been made and integrated, as it has been in many minds, we are left with a value system which is seriously distorted. I would remind the individual who now chooses to grade clinical skill on the basis of etiology that the *tools* of the speech clinician are remarkably homogeneous regardless of etiology of the disorder being managed. The child whose speech is defective because of functional errors is just as handicapped as one whose speech errors stem from a more exotic organic etiology. Alleviation of such functional errors demands clinical skill of the same quality and same basic gender as that demanded by errors which reflect organic bases. Thus, such grading of the competencies needed by a clinician is, to me, clinically, theoretically, and professionally unsound. I will not dispute that many disorders require special insight, understanding, and technique. To recognize these special skills, however, does not negate the value of those basic abilities common to all competent clinicians.

In addition to pointing-up what I consider to be basic errors evident in the discussions I have monitored, I wish to make one additional observation. In the House of State Delegates, in general convention discussions at Los Angeles, and in subsequent discussions, I have observed that many people who are not themselves public school workers have reacted negatively to the new proposals *in the name* of the public schools. While it is certain that many individuals in specific school situations oppose the new proposals, it is not certain that all of those who negate the proposals in the name of the schools actually represent the thinking of the school clinician or his group.

Such actions by non-school people indicate to me that these individuals are not in touch with the realities of many public school speech correction programs. If they were, they would see the great demand for, and commitment to, *graduate training*. The public schools embraced the Master's degree long ago. School psychometrists, guidance counselors, administrators, and supervisors all must have the Master's degree in this state. Most secondary teachers are moving to the graduate degree with expediency. It is most logical that the speech clinician is also. I must emphasize that in this view, the graduate work is assumed to represent work supplementary to a significant undergraduate program in this field. The goal thus becomes extended experience, not a general moving-up of the same curriculum to the graduate level.

The service expected from the speech clinician in the school is becoming more demanding. Parents, for example, cannot understand why they must travel long distances and expend significant amounts of money because their child's speech problem is one which cannot be reasonably prepared for in the limited experience available in the Bachelor's degree training program. These parents, with remarkable success, are asking their school systems to employ more highly trained clinicians. Parents, school administrators, and other professions have all contributed to a significant rise in the expectation level set for the school speech clinician.

Members of this Association must realize that there are many children with severe and difficult speech problems in our public school programs. It is completely unrealistic to expect that these children will somehow get to the "clinics" for the help that they need. School services are a most logical, expedient, and economical way for children to receive speech therapy. Such services should and can be developed on the basis of a high degree of professional competency. The development of school services of high quality, however, calls for strong support. They will not be achieved by allowing, and actually approving, minimumly-trained clinicians for school programs. If a school system offers a superficial, sub-clinical type program and calls it speech therapy, the program should not be made legitimate by ASHA's compromising actions. Such a program should not have professional approval or recognition. We in Kansas have a great deal of improvement to make over the next few years. We are, however, working toward full professional status, not approval of second-rate clinicians.

In closing, let me say that I do not presume to speak for all of the individuals in public schools. There will be other public school workers who will oppose the new membership requirements. My main hope is that ASHA will at least let the schools speak for themselves and will discriminate between their true opinions and the opinions of other clinicians and university workers who are speaking for the schools. I also hope that the members of ASHA will discriminate between the schools who are attempting to maintain programs dedicated to expediency and those who are working toward the development of quality professional service to the speech handicapped child.

Schools need first rate, competent clinicians. I hope ASHA supports this need by adopting the new membership and clinical certification requirements which indicate a desire to identify the professional speech clinician—not maintain the false dichotomy between the competent clinician and the public school therapist.

James McLean, Consultant, Speech and Hearing Programs, Division of Special Education, Kansas State Department of Public Instruction, Topeka, Kansas

PROFESSIONAL SCHOOLS AND CONCEPTS OF TRAINING

Reading the presidential address in the January 1961 issue of *Asha* has made me reflect on two matters. My first concern is that of professional training. The second pertains to the merger of speech pathology with audiology.

When one graduates, say, from an engineering couse no one challenges the competency of the graduate. He is presumed to be a fully qualified engineer. The same applies to graduates of, for example, pharmacy, law, dental, and medical schools. The same thing does not, however, apply to students who graduate in psychology, speech pathology, economics, etc. from undergraduate programs. Wherein lies the distinction? The former are professional training schools; the latter are not. The basic characteristic of a professional school is that the graduates of such a school are considered by all to be fully qualified to practice their profession. The graduate's qualification or right to practice is not questioned. More advanced training is, of course, available within these professions but this training is very specialized and designed to train people specifically for certain roles.

Contrast this with the state of affairs existing in speech pathology or audiology. The professional school concept has not developed very far, if at all. I feel that placing the responsibility on the American Speech and Hearing Association for judging who is professionally competent is a step in the wrong direction. This should be the responsibility of the professional school. We must progress to the point where a graduate of a course in speech pathology and audiology is automatically considered to be fully qualified. Until we reach this stage both our self-image and our public image are going to be blurred. Also, only until this stage is reached will it be meaningful to talk about advanced training. As is the case in other professions, advanced training should be training specifically designed to prepare a person for a specialized role. These specialties must be clearly designed to prepare a person for a specialized role and in turn people in "general practice" would refer patients to these specialists. Only the person with this advanced training would be capable of carrying out assessment and/or treatment.

My final point refers to the alliance of speech pathology with audiology. If speech pathology and audiology are to be considered one profession, then one occupational designation should be used. Again, harking back to my concept of professional competency, a graduate of this course should be considered qualified to work in this single professional area. If these are, on the whole, two separate areas, it is high time we admitted it and came to grips with the problem. Better to have two clearly recognized professional groups than one amorphous mixture.

Joseph V. Klein
New Toronto, Ontario, Canada.

SPECIALIZATION

"Bravo!" to Ainsworth's comments in the January 1961 *Asha!* But let us go further. Let us admit that we cannot be all things to all people, that there are competencies in specific areas. Unless we are to become a profession of private practitioners, as Newman's article in the same issue might imply, let individuals working with Bachelor's and/or Master's degrees be trained sufficiently to work with the more common difficulties and to refer to others those problems beyond their competence. Individuals aspiring to private practice and to academic and medical situations would be subject to further training, experience, and examination, best prescribed and supervised by ASHA. Successful candidates would then be certified in specific areas: stuttering, organic disorders, language disorders, etc., without provision against competency in more than one area.

This suggestion of setting up "general practitioners" and "specialists" would seem to answer some of the problems of the profession: qualifications for private practice; status in situations where qualifications are challenged, or found to be lacking; and valid criteria for areas of competency to prospective clients and employers.

However, if Ainsworth is concerned about directing some of the ASHA program towards the needs of the public school therapists, let him compare the membership totals of ASHA in various working situations, and consider the possible consequences if the needs of these "general practitioners" are not met by the existing national organization. Few would agree that the profession is yet strong enough to be strengthened by division into smaller groups.

Shirley C. Mayfield
Washington, D. C.

CRITERIA FOR TRENDS

After reading the November 1960 issue of *Trends*, I would like to register my thoughts. An ad on page 14 announces an opening for a so-called "Junior" Speech Clinician with a BA and academic requirements for BS, on a 12 month basis. The salary offered is $2,400, which turns out to be slightly below the legal minimum wage guaranteed for abysmally unskilled laborers and domestic workers. Obivously, the use of the term "Junior" is a semantic dodge, to justify a humiliating salary.

Now, I realize that ASHA, thru *Trends*, cannot undertake to tell employers what they ought to pay speech therapists, but I do believe that the editorial staff is obligated to screen out ads like this and refuse to publish them. The big problem, of course, is where to draw the line between an "acceptable" and "unacceptable" offer. Although such a decision must ultimately be an arbitrary one, I think it is one which should be made by the appropriate officers of ASHA.

The most appalling aspect of this whole matter is that they'll probably fill the job.

Barry S. Elpern,
Veteran Administration
West Side Hospital
Chicago, Illinois

EDITOR'S NOTE: A check on this matter revealed the position to be a traineeship comparable to a graduate assistantship.

NEW ASHA MEMBERSHIP PROPOSAL

You have asked for my opinion as to whether the Master's degree should be required as the basis for full professional membership and certification in ASHA.

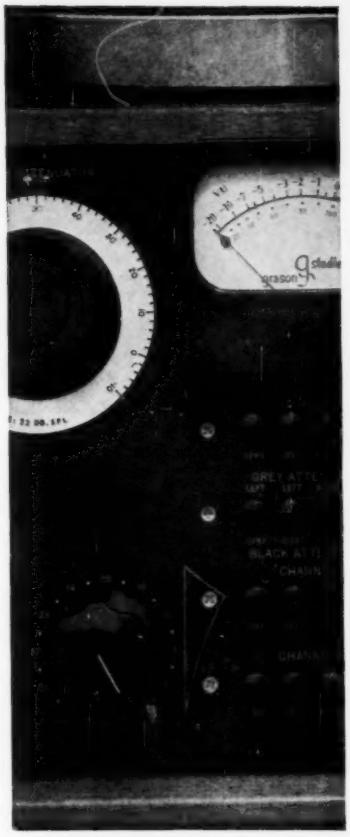
Speaking as a person with an M.S. degree with rudimentary experience in the field, I would say I do not believe this to be a desirable practice.

There seems to be a growing practice of educational snobbery degreewise. More and more in educational circles we see people pointing toward a Ph.D., and many of them in recent years with desultory practice in the field to support this education. They receive a Ph.D. or an M.S. without having practical experience, and many of them end being learned but not wise. To me, experience is the finest and best teacher. Experience helps us to realize where our strengths and weaknesses are, and to discover in what areas we need further training and education.

I feel that well-planned four-year programs which would fill the present requirements of ASHA for the basic certification should be enough to start a person on a career. Some college programs are not well planned and do not fill ASHA requirements; and in this field, I feel that ASHA has a real need to serve. I feel certain that successful clinicians beginning on this basis will seek further education to bolster their weaknesses, but I feel very strongly that they will not fully realize these weaknesses until they have gotten their feet wet in the profession.

Nella L. Anneberg,
Manhattan, Kansas

SPEECH AUDIOMETER MODEL 162



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